AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2020
January 2019 Meeting

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AMA
AMERICAN MEDICAL ASSOCIATION

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February 5, 2019

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

Subject: RUC Recommendations

Dear Administrator Verma:

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2020*, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the January 16-19, 2019 RUC meeting.

CPT 2020 New and Revised Codes – *January 2019 RUC Submission*

The enclosed binder contains RUC recommendations, including those for new and revised CPT codes. The RUC considered 69 new/revised/related family CPT codes at the January 2019 meeting. The RUC recommends that one service be contractor priced. The RUC submits work value and/or practice expense inputs for 68 new/revised/related family CPT codes from the January 2019 meeting.

CPT 2020 New and Revised Codes – *Entire CPT 2020 Cycle*

The total number of coding changes for the entire *CPT 2020* cycle is 259, including 85 additions, 85 revisions, and 45 deletions. In addition, 11 new codes were identified as part of the family for review in relationship to the new/revised codes. Of the 214 new/revised/related family CPT codes 33 services are not payable on the RBRVS or do not require physician work at this time (eg, laboratory services and vaccines), and accordingly, the RUC does not submit any information on these codes.

The RUC submits work value and/or practice expense inputs for 143 new/revised/related family CPT codes for the 2020 Medicare Physician Payment Schedule.

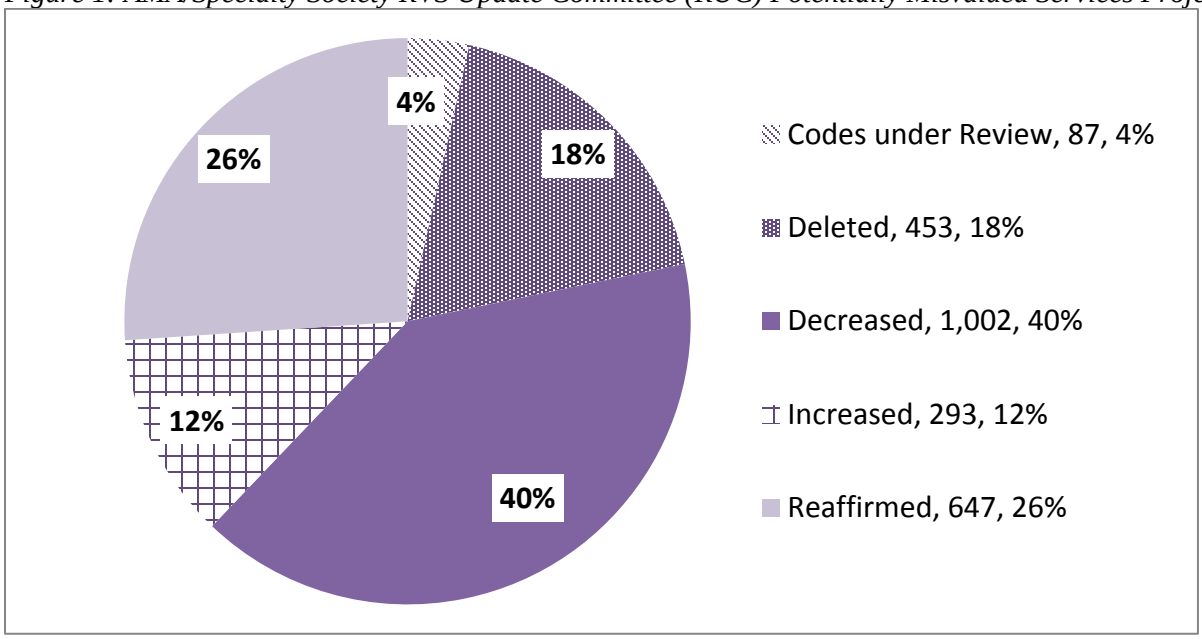
Existing Services Identified by RUC and CMS for Review

In addition to the new/revised CPT code submission, the RUC submits recommendations for 35 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2019 RUC meeting. The RUC recommends work relative values for 32 codes and referred 3 codes to the CPT Editorial Panel for revision or deletion. The RUC recommendations are in addition to the 80 recommendations for existing services submitted to CMS following the RUC's April and October 2018 meetings.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,482 potentially misvalued services through objective screening criteria and has completed review of 2,393 of these services. The RUC has recommended that over half of the services identified be decreased or deleted (Figure 1). The RUC has worked vigorously over the past several years to identify and address misvaluations in the RBRVS through provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS on a concerted effort to address potentially misvalued services. *A detailed report of the RUC's progress is appended to this letter.*

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



RUC Identified Potentially Misvalued Services

In January 2019, the Relativity Assessment Workgroup identified code G0399 *Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation* via the High Volume Growth screen for services with 2017 Medicare utilization of 10,000 or more that has increased by 100% from 2012-2017. The Workgroup reviewed the action plan from the specialty societies and the RUC recommends that CMS delete G0399 as this service is already described by CPT Category I codes, 95800 *Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time*, 95801 *Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)* and 95806 *Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement).*

Practice Expense Subcommittee

At the January 2019 RUC Meeting, in addition to reviewing the direct practice expense input (clinical staff time, supplies and equipment) recommendations for each code, the PE Subcommittee discussed the CMS Medical Supplies and Equipment Repricing as outlined in the CMS Final Rule for CY2019. In response to the CMS Final Rule, The AMA and other members of the Federation questioned the pricing of 62 supply and equipment items and submitted invoices and other supporting documentation for the pricing of these items. Based on the report from StrategyGen, CMS finalized updated pricing for 2,070 supply and equipment items currently used as direct practice expense (PE) inputs over a 4-year phase-in, with changes to the pricing for the 62 supply and equipment items flagged by Stakeholders. Although the AMA agrees with CMS that there is a need for comprehensive review of supply and equipment pricing, there remain concerns about StrategyGen's use of subscription-based benchmark databases that are likely not representative of the typical price paid by small physician practices. Also of concern is that the repricing will occur once and invoices will continue to be needed both to dispute the updated pricing if the specialties deem it inappropriate and to update and create new supply and equipment items through the RUC practice expense review process.

Although the repricing amounts were adjusted for 62 supply and equipment items flagged by Stakeholders, there are numerous other items that are being repriced that the specialties may find to be inaccurate. The Practice Expense (PE) Subcommittee has encouraged specialties to carefully review their supplies and equipment and if errors are found we have encouraged the specialties to send documentation to CMS as soon as possible. We encourage CMS to accept documentation including invoices, and carefully consider changes to the pricing for all supplies and equipment updated through the repricing effort for the entire 4-year phase in period.

Expected Specialty Overrides for Low Volume Services CY2019 NPRM

In the CY 2018 PFS Final Rule, CMS finalized the proposal to use a list of expected specialties, instead of a claims-based specialty mix, for low volume, which also includes no volume codes, and apply these overrides for both the practice expense and professional liability insurance (PLI) valuation process. It has come to our attention that, in the CY 2019 Final Rule, the PLI RVUs are not based on the overrides for low volume services and, thus, need correction.

Attached is a comparison of actual CY 2018 to CY 2019 PLI RVUs. The list includes codes that were on the low volume override list both years and which did not have a work RVU change. This list clearly shows the low volume overrides for CY 2019 are not being utilized as many of the PLI RVUs changed substantially year to year even though the override specialty did not change. There are twenty services that have a 2.0 or more reduction in PLI RVU. CMS must ensure that the list of expected specialties is applied for the low volume service-level overrides. **The RUC requests that the CMS issue an immediate technical correction for the twenty codes most greatly impacted by this error.**

Enclosed Recommendations and Supporting Materials:

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

- RUC Recommendation Status Report for New and Revised Codes

- RUC Recommendation Status Report for 2,482 services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued. In addition, a spreadsheet containing the codes specific to this submission is included.

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

- Physician Time File: A list of the physician time data for each of the CPT codes reviewed at the January 2019 RUC meeting.

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

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

- BETOS Assignment Table: The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.

- Source Code Utilization Crosswalk Table: A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2020 conversion factor increase.

- New Technology List and Flow Chart: In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 640 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.

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

Sincerely,



Peter K. Smith, MD

Enclosures

cc: RUC Participants
Edith Hambrick, MD
Gift Tee
Karen Nakano, MD
Marge Watchorn
Michael Soracoe

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2020

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CPT 2020 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0249T	YYY	D	May 2018	19	Transanal Hemorrhoidal Dearterialization		October 2018	07					☐		☐
0254T	YYY	D	Sept 2018	16	Iliac Branched Endograft Placement		January 2019	05					☐		☐
0399T	XXX	D	Sept 2018	52	Myocardial Strain Imaging		January 2019	18					☐		☐
0482T	ZZZ	D	May 2018	28	Myocardial PET		January 2019	13					☐		☐
11980	000	F	May 2018	10	Drug Delivery Implant Procedures	C1	October 2018	05	AUA, ACOG	1.10	1.10	Yes	☑		☐
11981	XXX	F	May 2018	10	Drug Delivery Implant Procedures	C2	October 2018	05	AUA, ACOG	1.30	1.30		☑		☐
11982	XXX	F	May 2018	10	Drug Delivery Implant Procedures	C3	October 2018	05	AUA, ACOG	1.70	1.70		☑		☐
11983	XXX	F	May 2018	10	Drug Delivery Implant Procedures	C4	October 2018	05	AUA, ACOG	2.10	2.10		☑		☐
15X00	090	N	May 2018	12	Tissue Grafting Procedures	B1	October 2018	04	AAOHNS, ASPS	6.68	6.68		☑		☑
15X01	090	N	May 2018	12	Tissue Grafting Procedures	B2	October 2018	04	ASPS	6.73	6.73		☑		☑
15X02	ZZZ	N	May 2018	12	Tissue Grafting Procedures	B3	October 2018	04	ASPS	2.50	2.50		☑		☑
15X03	090	N	May 2018	12	Tissue Grafting Procedures	B4	October 2018	04	ASPS	6.83	6.83		☑		☑
15X04	ZZZ	N	May 2018	12	Tissue Grafting Procedures	B5	October 2018	04	ASPS	2.41	2.41		☑		☑
206X0	ZZZ	N	May 2018	10	Drug Delivery Implant Procedures	C5	October 2018	05	AAOS	2.00	1.50		☑		☑
206X1	ZZZ	N	May 2018	10	Drug Delivery Implant Procedures	C7	October 2018	05	AAOS	3.25	2.50		☑		☑
206X2	ZZZ	N	May 2018	10	Drug Delivery Implant Procedures	C9	October 2018	05	AAOS	4.00	2.60		☑		☑
206X3	ZZZ	N	May 2018	10	Drug Delivery Implant Procedures	C6	October 2018	05	AAOS	1.13	1.13		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
206X4	ZZZ	N	May 2018	10	Drug Delivery Implant Procedures	C8	October 2018	05	AAOS	1.80	1.80		☑		☑
206X5	ZZZ	N	May 2018	10	Drug Delivery Implant Procedures	C10	October 2018	05	AAOS	2.15	2.15		☑		☑
20926	090	D	May 2018	12	Tissue Grafting Procedures		October 2018	04					☑		☐
33010	000	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
33011	000	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
33015	000	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
33860	090	D	May 2018	17	Aortic Graft Procedures		October 2018	06					☑		☐
33863	090	F	May 2018	17	Aortic Graft Procedures	D3	October 2018	06	STS, AATS	59.00	59.00		☑		☐
33864	090	F	May 2018	17	Aortic Graft Procedures	D4	October 2018	06	STS, AATS	63.00	63.00		☑		☐
33870	090	D	May 2018	17	Aortic Graft Procedures		October 2018	06					☑		☐
338X1	090	N	May 2018	17	Aortic Graft Procedures	D2	October 2018	06	STS, AATS	50.00	50.00		☑		☐
338X2	090	N	May 2018	17	Aortic Graft Procedures	D6	October 2018	06	STS, AATS	65.75	65.75		☑		☐
338XX	090	N	May 2018	17	Aortic Graft Procedures	D1	October 2018	06	STS, AATS	65.00	65.00		☑		☐
33X01	ZZZ	F	May 2018	17	Aortic Graft Procedures	D5	October 2018	06	STS, AATS	19.74	17.75		☑		☑
34X00	ZZZ	N	Sept 2018	16	Iliac Branched Endograft Placement	P1	January 2019	05	SIR, SVS	10.50	9.00		☑		☐
34X01	090	N	Sept 2018	16	Iliac Branched Endograft Placement	P2	January 2019	05	SIR, SVS	24.00	24.00		☑		☐
35701	090	R	Sept 2018	17	Exploration of Artery	Q1	January 2019	06	SVS	11.82	7.50		☑		☐
35721	090	D	Sept 2018	17	Exploration of Artery		January 2019	06					☑		☐
35741	090	D	Sept 2018	17	Exploration of Artery		January 2019	06					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
35761	090	D	Sept 2018	17	Exploration of Artery		January 2019	06					☑		☐
35X00	090	N	Sept 2018	17	Exploration of Artery	Q2	January 2019	06	SVS	11.00	7.12		☑		☐
35X01	090	N	Sept 2018	17	Exploration of Artery	Q3	January 2019	06	SVS	12.00	7.50		☑		☐
3X000	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O1	January 2019	04	ACC, SCAI	5.00	5.00		☑		☐
3X001	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O2	January 2019	04	ACC, SCAI	5.50	5.50		☑		☐
3X002	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O3	January 2019	04	ACC, SCAI	7.00	6.00		☑		☐
3X003	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O4	January 2019	04	ACC, ACR, SIR, SCAI	5.00	5.00		☑		☑
46945	090	R	May 2018	19	Transanal Hemorrhoidal Dearterialization	E1	October 2018	07	ACS, ASCRS	3.69	3.69		☑		☐
46946	090	R	May 2018	19	Transanal Hemorrhoidal Dearterialization	E2	October 2018	07	ACS, ASCRS	4.50	4.50		☑		☐
46X48	090	N	May 2018	19	Transanal Hemorrhoidal Dearterialization	E3	October 2018	07	ACS, ASCRS	5.57	5.57		☑		☑
490X1	000	N	May 2018	20	Preperitoneal Pelvic Packing	F1	October 2018	08	ACS	8.35	8.35		☑		☐
490X2	000	N	May 2018	20	Preperitoneal Pelvic Packing	F2	October 2018	08	ACS	6.73	6.73		☑		☐
54640	090	R	Sept 2018	22	Orchiopexy	R1	January 2019	07	AUA, APSA	7.73	7.73	Yes	☑		☐
62270	000	R	Sept 2018	24	Lumbar Puncture	T1	January 2019	09	ACR, ASNR	1.47	1.44		☑		☐
62272	000	R	Sept 2018	24	Lumbar Puncture	T3	January 2019	09	ACR, ASNR, AANS/CNS	1.80	1.80		☑		☐
622X0	000	N	Sept 2018	24	Lumbar Puncture	T2	January 2019	09	ACR, ASNR, SIR	1.95	1.95		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
622X1	000	N	Sept 2018	24	Lumbar Puncture	T4	January 2019	09	ACR, ASNR, SIR, AANS/CNS	2.25	2.25		☑		☑
64400	000	R	May 2018	24	Somatic Nerve Injection	H1	October 2018	9	AAN, ASA	1.14	1.00		☑		☐
64402	000	D	May 2018	24	Somatic Nerve Injection		October 2018	9					☑		☐
64405	000	R	May 2018	24	Somatic Nerve Injection	H2	October 2018	9	AAN, AAPM&R, AAPM, ASA	0.94	0.94	Yes	☑		☐
64408	000	R	May 2018	24	Somatic Nerve Injection	H3	October 2018	9	AAOHNS	0.94	0.90		☑		☐
64410	000	D	May 2018	24	Somatic Nerve Injection		October 2018	9					☑		☐
64413	000	D	May 2018	24	Somatic Nerve Injection		October 2018	9					☑		☐
64415	000	R	May 2018	24	Somatic Nerve Injection	H4	October 2018	9	ASA	1.42	1.42		☑		☐
64416	000	R	May 2018	24	Somatic Nerve Injection	H5	October 2018	9	ASA	1.81	1.81	Yes	☑		☐
64417	000	R	May 2018	24	Somatic Nerve Injection	H6	October 2018	9	ASA	1.27	1.27		☑		☐
64418	000	R	May 2018	24	Somatic Nerve Injection	H7	October 2018	9	AAPM&R, ASA	1.20	1.10	Yes	☑		☐
64420	000	R	May 2018	24	Somatic Nerve Injection	H8	October 2018	9	AAPM&R, AAPM, ASA	1.24	1.18		☑		☐
64421	ZZZ	R	May 2018	24	Somatic Nerve Injection	H9	October 2018	9	AAPM&R, AAPM, ASA	0.60	0.60		☑		☐
64425	000	R	May 2018	24	Somatic Nerve Injection	H10	October 2018	9	AAPM&R, AAPM, ASA	1.19	1.19		☑		☐
64430	000	R	May 2018	24	Somatic Nerve Injection	H11	October 2018	9	ACOG, AAPM, ASA	1.15	1.15		☑		☐
64435	000	R	May 2018	24	Somatic Nerve Injection	H12	October 2018	9	ACOG	0.75	0.75		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
64445	000	R	May 2018	24	Somatic Nerve Injection	H13	October 2018	9	AAPM&R, ASA	1.47	1.30		☑		☐
64446	000	R	May 2018	24	Somatic Nerve Injection	H14	October 2018	9	ASA	1.80	1.54		☑		☐
64447	000	R	May 2018	24	Somatic Nerve Injection	H15	October 2018	9	ASA	1.40	1.10		☑		☐
64448	000	R	May 2018	24	Somatic Nerve Injection	H16	October 2018	9	ASA	1.78	1.55		☑		☐
64449	000	R	May 2018	24	Somatic Nerve Injection	H17	October 2018	9	ASA	1.80	1.55		☑		☐
64450	000	F	May 2018	23	Genicular Injection and RFA	H18	January 2019	10	AAPM&R, AAPM, SIS, ASA	0.75	0.75	Yes	☑		☐
64450	000	R	May 2018	24	Somatic Nerve Injection	H18	October 2018	9	AAN, AAPM&R, AAPM, ASA	0.84	0.75		☑		☐
64640	010	F	May 2018	23	Genicular Injection and RFA	G2	January 2019	10	AAPM&R, AAPM, SIS, ASA	1.98	1.98		☑		☑
64XX0	000	N	May 2018	23	Genicular Injection and RFA	G1	January 2019	10	AAPM&R, AAPM, SIS, ASA	1.90	1.52		☑		☑
64XX1	010	N	May 2018	23	Genicular Injection and RFA	G3	January 2019	10	AAPM&R, AAPM, SIS, ASA	3.80	2.62		☑		☑
66711	090	R	May 2018	26	Cyclophotocoagulation	I1	January 2019	11	AAO, ASCRS	7.40	6.36		☑		☐
66982	090	R	May 2018	26	Cyclophotocoagulation	I2	January 2019	11	AAO, ASCRS	11.08	10.25		☑		☐
66983	090	F	May 2018	26	Cyclophotocoagulation	I4	January 2019	11	AAO, ASCRS				☑	Carrier Price	☐
66984	090	R	May 2018	26	Cyclophotocoagulation	I5	January 2019	11	AAO, ASCRS	8.04	7.35		☑		☐
66X01	090	N	May 2018	26	Cyclophotocoagulation	I3	January 2019	11	AAO, ASCRS	13.50	13.15		☑		☐
66X02	090	N	May 2018	26	Cyclophotocoagulation	I6	January 2019	11	AAO, ASCRS	11.08	10.25		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
6XX00	000	N	Sept 2018	25	Radiofrequency Neurotomy Sacrioliac Joint	S1	January 2019	08	ASA, ASIPP, AAPM, NANS, AAPM&R, SIS, NASS	1.91	1.52		☑		☑
6XX01	010	N	Sept 2018	25	Radiofrequency Neurotomy Sacrioliac Joint	S2	January 2019	08	ASA, ASIPP, AAPM, NANS, AAPM&R, SIS, NASS	3.91	3.39		☑		☑
74210	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J1	January 2019	12	ACR	0.59	0.59	Yes	☑		☐
74220	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J2	January 2019	12	ACR	0.67	0.60		☑		☐
74230	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J4	January 2019	12	ACR	0.53	0.53	Yes	☑		☐
74240	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J5	January 2019	12	ACR	0.80	0.80		☑		☐
74241	XXX	D	May 2018	27	Gastrointestinal Tract Imaging		October 2018	11					☑		☐
74245	XXX	D	May 2018	27	Gastrointestinal Tract Imaging		October 2018	11					☑		☐
74246	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J6	January 2019	12	ACR	0.90	0.90		☑		☐
74247	XXX	D	May 2018	27	Gastrointestinal Tract Imaging		October 2018	11					☑		☐
74249	XXX	D	May 2018	27	Gastrointestinal Tract Imaging		October 2018	11					☑		☐
74250	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J8	October 2018	11	ACR	0.81	0.81		☑		☐
74251	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J9	October 2018	11	ACR	1.17	1.17		☑		☐
74260	XXX	D	May 2018	27	Gastrointestinal Tract Imaging		October 2018	11					☑		☐
74270	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J10	October 2018	11	ACR	1.04	1.04		☑		☐
74280	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J11	October 2018	11	ACR	1.26	1.26		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
74X00	XXX	N	May 2018	27	Gastrointestinal Tract Imaging	J3	January 2019	12	ACR	0.70	0.70		☑		☐
74X01	ZZZ	N	May 2018	27	Gastrointestinal Tract Imaging	J7	January 2019	12	ACR	0.70	0.70		☑		☐
76930	XXX	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
78205	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78206	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78320	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78459	XXX	R	May 2018	28	Myocardial PET	K1	January 2019	13	SNMMI, ACNM, ACC, ACR	1.61	1.61		☑		☐
78491	XXX	R	May 2018	28	Myocardial PET	K3	January 2019	13	SNMMI, ACNM, ACC, ACR	1.56	1.56		☑		☐
78492	XXX	R	May 2018	28	Myocardial PET	K5	January 2019	13	SNMMI, ACNM, ACC, ACR	1.80	1.80		☑		☐
78607	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78647	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78710	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78800	XXX	R	Sept 2018	26	SPECT-CT Procedures	U1	January 2019	14	ACR, SNMMI, ACNM	0.70	0.70		☑		☐
78801	XXX	R	Sept 2018	26	SPECT-CT Procedures	U2	January 2019	14	ACR, SNMMI, ACNM	0.79	0.79	Yes	☑		☐
78802	XXX	R	Sept 2018	26	SPECT-CT Procedures	U3	January 2019	14	ACR, SNMMI, ACNM	0.86	0.86	Yes	☑		☐
78803	XXX	R	Sept 2018	26	SPECT-CT Procedures	U4	January 2019	14	ACR, SNMMI, ACNM	1.20	1.20		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
78804	XXX	R	Sept 2018	26	SPECT-CT Procedures	U5	January 2019	14	ACR, SNMMI, ACNM	1.07	1.07	Yes	☑		☐
78805	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78806	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78807	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
788X0	XXX	N	Sept 2018	26	SPECT-CT Procedures	U6	January 2019	14	ACR, SNMMI, ACNM	1.60	1.60		☑		☑
788X1	XXX	N	Sept 2018	26	SPECT-CT Procedures	U7	January 2019	14	ACR, SNMMI, ACNM	1.93	1.93		☑		☑
788X2	XXX	N	Sept 2018	26	SPECT-CT Procedures	U8	January 2019	14	ACR, SNMMI, ACNM	2.23	2.23		☑		☑
788X3	ZZZ	N	Sept 2018	26	SPECT-CT Procedures	U9	January 2019	14	ACR, SNMMI, ACNM	0.77	0.51		☑		☑
78X29	XXX	N	May 2018	28	Myocardial PET	K2	January 2019	13	SNMMI, ACNM, ACC, ACR	1.76	1.76		☑		☑
78X31	XXX	N	May 2018	28	Myocardial PET	K4	January 2019	13	SNMMI, ACNM, ACC, ACR	1.67	1.67		☑		☑
78X32	XXX	N	May 2018	28	Myocardial PET	K6	January 2019	13	SNMMI, ACNM, ACC, ACR	2.00	1.90		☑		☑
78X33	XXX	N	May 2018	28	Myocardial PET	K7	January 2019	13	SNMMI, ACNM, ACC, ACR	2.07	2.07		☑		☐
78X34	XXX	N	May 2018	28	Myocardial PET	K8	January 2019	13	SNMMI, ACNM, ACC, ACR	2.35	2.26		☑		☑
78X35	ZZZ	N	May 2018	28	Myocardial PET	K9	January 2019	13	SNMMI, ACNM, ACC, ACR	0.63	0.63		☑		☑
908XX	000	N	Sept 2018	34	Biofeedback Training	V1	January 2019	15	AUA, ACOG	0.90	0.90		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
90911	000	D	Sept 2018	34	Biofeedback Training		January 2019	15					☑		☐
909XX	ZZZ	N	Sept 2018	34	Biofeedback Training	V2	January 2019	15	AUA, ACOG	0.50	0.50		☑		☐
92225	XXX	D	Feb 2018	22	Ophthalmoscopy		April 2018	05					☑		☐
92226	XXX	D	Feb 2018	22	Ophthalmoscopy		April 2018	05					☑		☐
92548	XXX	R	Sept 2018	35	Computerized Dynamic Posturography	W1	January 2019	16	AAOHNS, ASHA, AAA, ACP, AAN	0.76	0.76		☑		☐
92X18	XXX	N	Feb 2018	22	Ophthalmoscopy	A1	April 2018	05	AAO, AOA, ASRS	0.40	0.40		☑		☐
92X19	XXX	N	Feb 2018	22	Ophthalmoscopy	A2	April 2018	05	AAO, AOA, ASRS	0.26	0.26		☑		☐
92XX0	XXX	N	Sept 2018	35	Computerized Dynamic Posturography	W2	January 2019	16	AAOHNS, ASHA, AAA, ACP	0.96	0.96		☑		☐
933X0	ZZZ	N	Sept 2018	52	Myocardial Strain Imaging	Y1	January 2019	18	ASE, ACC	0.24	0.24		☑		☑
93784	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB3	January 2019	19	AGS, ACC, ACP	0.38	0.38	Yes	☑		☐
93786	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB4	January 2019	19	AGS, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☐
93788	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB5	January 2019	19	AGS, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☐
93790	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB6	January 2019	19	AGS, ACC, ACP	0.38	0.38	Yes	☑		☐
93X00	XXX	N	Sept 2018	36	Duplex Scan Arterial Inflow-Venous Outflow	X1	January 2019	17	ACR, SVS, RPA	0.80	0.80		☑		☐
93X01	XXX	N	Sept 2018	36	Duplex Scan Arterial Inflow-Venous Outflow	X2	January 2019	17	ACR, SVS, RPA	0.55	0.50		☑		☐
95812	XXX	F	May 2018	35	Long-Term EEG Monitoring	M1	October 2018	13	ACNS, AAN	1.08	1.08	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
95813	XXX	R	May 2018	35	Long-Term EEG Monitoring	M2	October 2018	13	ACNS, AAN	1.63	1.63	Yes	☑		☐
95827	XXX	D	May 2018	35	Long-Term EEG Monitoring		October 2018	13					☑		☐
95950	XXX	D	May 2018	35	Long-Term EEG Monitoring		October 2018	13					☑		☐
95951	XXX	D	May 2018	35	Long-Term EEG Monitoring		October 2018	13					☑		☐
95953	XXX	D	May 2018	35	Long-Term EEG Monitoring		October 2018	13					☑		☐
95956	XXX	D	May 2018	35	Long-Term EEG Monitoring		October 2018	13					☑		☐
95X01	XXX	N	May 2018	35	Long-Term EEG Monitoring	M3	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X02	XXX	N	May 2018	35	Long-Term EEG Monitoring	M4	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X03	XXX	N	May 2018	35	Long-Term EEG Monitoring	M5	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X04	XXX	N	May 2018	35	Long-Term EEG Monitoring	M6	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X05	XXX	N	May 2018	35	Long-Term EEG Monitoring	M7	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X06	XXX	N	May 2018	35	Long-Term EEG Monitoring	M8	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X07	XXX	N	May 2018	35	Long-Term EEG Monitoring	M9	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X08	XXX	N	May 2018	35	Long-Term EEG Monitoring	M10	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X09	XXX	N	May 2018	35	Long-Term EEG Monitoring	M11	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X10	XXX	N	May 2018	35	Long-Term EEG Monitoring	M12	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X11	XXX	N	May 2018	35	Long-Term EEG Monitoring	M13	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X12	XXX	N	May 2018	35	Long-Term EEG Monitoring	M14	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑
95X13	XXX	N	May 2018	35	Long-Term EEG Monitoring	M15	October 2018	13	ACNS, AAN	0.00	0.00		☑	PE Only	☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
95X14	XXX	N	May 2018	35	Long-Term EEG Monitoring	M16	October 2018	13	ACNS, AAN	2.00	2.00		☑		☑
95X15	XXX	N	May 2018	35	Long-Term EEG Monitoring	M17	October 2018	13	ACNS, AAN	3.00	2.50		☑		☑
95X16	XXX	N	May 2018	35	Long-Term EEG Monitoring	M18	October 2018	13	ACNS, AAN	3.00	3.00		☑		☑
95X17	XXX	N	May 2018	35	Long-Term EEG Monitoring	M19	October 2018	13	ACNS, AAN	4.50	3.86		☑		☑
95X18	XXX	N	May 2018	35	Long-Term EEG Monitoring	M20	October 2018	13	ACNS, AAN	3.86	3.86		☑		☑
95X19	XXX	N	May 2018	35	Long-Term EEG Monitoring	M21	October 2018	13	ACNS, AAN	4.70	4.70		☑		☑
95X20	XXX	N	May 2018	35	Long-Term EEG Monitoring	M22	October 2018	13	ACNS, AAN	4.75	4.75		☑		☑
95X21	XXX	N	May 2018	35	Long-Term EEG Monitoring	M23	October 2018	13	ACNS, AAN	6.00	6.00		☑		☑
95X22	XXX	N	May 2018	35	Long-Term EEG Monitoring	M24	October 2018	13	ACNS, AAN	6.50	5.40		☑		☑
95X23	XXX	N	May 2018	35	Long-Term EEG Monitoring	M25	October 2018	13	ACNS, AAN	7.58	7.58		☑		☑
98969	XXX	D	Sept 2018	06	Online Digital Evaluation Service (e-Visit)		January 2019	21					☑		☐
99444	XXX	D	Sept 2018	06	Online Digital Evaluation Service (e-Visit)		January 2019	21					☑		☐
994X0	ZZZ	N	Sept 2018	08	Chronic Care Remote Physiologic Monitoring	CC2	January 2019	20	AGS, ACC, ACP	0.61	0.61		☑		☑
994X9	XXX	R	Sept 2018	08	Chronic Care Remote Physiologic Monitoring	CC1	January 2019	20		0.61	0.61	Yes	☑		☐
99X01	XXX	N	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB1	January 2019	19	AGS, ACC, ACP	0.00	0.00		☑	PE Only	☐
99X02	XXX	N	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB2	January 2019	19	AGS, ACC, ACP	0.18	0.18		☑		☑
9X0X1	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD1	January 2019	21	AGS, AAP, AND, ACP, AAFP	0.25	0.25		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
9X0X2	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD2	January 2019	21	AGS, AAP, AND, ACP	0.50	0.50		☑		☑
9X0X3	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD3	January 2019	21	AGS, AAP, AND, ACP, AAFP	0.80	0.80		☑		☑
G0365	XXX	D	Sept 2018	36	Duplex Scan Arterial Inflow-Venous Outflow		January 2019	17					☐		☐

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CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0254T	YYY	D	Sept 2018	16	Iliac Branched Endograft Placement		January 2019	05					☐		☐
0399T	XXX	D	Sept 2018	52	Myocardial Strain Imaging		January 2019	18					☐		☐
0482T	ZZZ	D	May 2018	28	Myocardial PET		January 2019	13					☐		☐
33010	000	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
33011	000	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
33015	000	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
34X00	ZZZ	N	Sept 2018	16	Iliac Branched Endograft Placement	P1	January 2019	05	SIR, SVS	10.50	9.00		☑		☐
34X01	090	N	Sept 2018	16	Iliac Branched Endograft Placement	P2	January 2019	05	SIR, SVS	24.00	24.00		☑		☐
35701	090	R	Sept 2018	17	Exploration of Artery	Q1	January 2019	06	SVS	11.82	7.50		☑		☐
35721	090	D	Sept 2018	17	Exploration of Artery		January 2019	06					☑		☐
35741	090	D	Sept 2018	17	Exploration of Artery		January 2019	06					☑		☐
35761	090	D	Sept 2018	17	Exploration of Artery		January 2019	06					☑		☐
35X00	090	N	Sept 2018	17	Exploration of Artery	Q2	January 2019	06	SVS	11.00	7.12		☑		☐
35X01	090	N	Sept 2018	17	Exploration of Artery	Q3	January 2019	06	SVS	12.00	7.50		☑		☐
3X000	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O1	January 2019	04	ACC, SCAI	5.00	5.00		☑		☐
3X001	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O2	January 2019	04	ACC, SCAI	5.50	5.50		☑		☐
3X002	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O3	January 2019	04	ACC, SCAI	7.00	6.00		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
3X003	000	N	Sept 2018	14	Pericardiocentesis and Pericardial Drainage	O4	January 2019	04	ACC, ACR, SIR, SCAI	5.00	5.00		☑		☑
54640	090	R	Sept 2018	22	Orchiopexy	R1	January 2019	07	AUA, APSA	7.73	7.73	Yes	☑		☐
62270	000	R	Sept 2018	24	Lumbar Puncture	T1	January 2019	09	ACR, ASNR	1.47	1.44		☑		☐
62272	000	R	Sept 2018	24	Lumbar Puncture	T3	January 2019	09	ACR, ASNR, AANS/CNS	1.80	1.80		☑		☐
622X0	000	N	Sept 2018	24	Lumbar Puncture	T2	January 2019	09	ACR, ASNR, SIR	1.95	1.95		☑		☑
622X1	000	N	Sept 2018	24	Lumbar Puncture	T4	January 2019	09	ACR, ASNR, SIR, AANS/CNS	2.25	2.25		☑		☑
64450	000	F	May 2018	23	Genicular Injection and RFA	H18	January 2019	10	AAPM&R, AAPM, SIS, ASA	0.75	0.75	Yes	☑		☐
64640	010	F	May 2018	23	Genicular Injection and RFA	G2	January 2019	10	AAPM&R, AAPM, SIS, ASA	1.98	1.98		☑		☑
64XX0	000	N	May 2018	23	Genicular Injection and RFA	G1	January 2019	10	AAPM&R, AAPM, SIS, ASA	1.90	1.52		☑		☑
64XX1	010	N	May 2018	23	Genicular Injection and RFA	G3	January 2019	10	AAPM&R, AAPM, SIS, ASA	3.80	2.62		☑		☑
66711	090	R	May 2018	26	Cyclophotocoagulation	I1	January 2019	11	AAO, ASCRS	7.40	6.36		☑		☐
66982	090	R	May 2018	26	Cyclophotocoagulation	I2	January 2019	11	AAO, ASCRS	11.08	10.25		☑		☐
66983	090	F	May 2018	26	Cyclophotocoagulation	I4	January 2019	11	AAO, ASCRS				☑	Carrier Price	☐
66984	090	R	May 2018	26	Cyclophotocoagulation	I5	January 2019	11	AAO, ASCRS	8.04	7.35		☑		☐
66X01	090	N	May 2018	26	Cyclophotocoagulation	I3	January 2019	11	AAO, ASCRS	13.50	13.15		☑		☐
66X02	090	N	May 2018	26	Cyclophotocoagulation	I6	January 2019	11	AAO, ASCRS	11.08	10.25		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
6XX00	000	N	Sept 2018	25	Radiofrequency Neurotomy Sacrioliac Joint	S1	January 2019	08	ASA, ASIPP, AAPM, NANS, AAPM&R, SIS, NASS	1.91	1.52		☑		☑
6XX01	010	N	Sept 2018	25	Radiofrequency Neurotomy Sacrioliac Joint	S2	January 2019	08	ASA, ASIPP, AAPM, NANS, AAPM&R, SIS, NASS	3.91	3.39		☑		☑
74210	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J1	January 2019	12	ACR	0.59	0.59	Yes	☑		☐
74220	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J2	January 2019	12	ACR	0.67	0.60		☑		☐
74230	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J4	January 2019	12	ACR	0.53	0.53	Yes	☑		☐
74240	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J5	January 2019	12	ACR	0.80	0.80		☑		☐
74246	XXX	R	May 2018	27	Gastrointestinal Tract Imaging	J6	January 2019	12	ACR	0.90	0.90		☑		☐
74X00	XXX	N	May 2018	27	Gastrointestinal Tract Imaging	J3	January 2019	12	ACR	0.70	0.70		☑		☐
74X01	ZZZ	N	May 2018	27	Gastrointestinal Tract Imaging	J7	January 2019	12	ACR	0.70	0.70		☑		☐
76930	XXX	D	Sept 2018	14	Pericardiocentesis and Pericardial Drainage		January 2019	04					☑		☐
78205	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78206	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78320	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78459	XXX	R	May 2018	28	Myocardial PET	K1	January 2019	13	SNMMI, ACNM, ACC, ACR	1.61	1.61		☑		☐
78491	XXX	R	May 2018	28	Myocardial PET	K3	January 2019	13	SNMMI, ACNM, ACC, ACR	1.56	1.56		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
78492	XXX	R	May 2018	28	Myocardial PET	K5	January 2019	13	SNMMI, ACNM, ACC, ACR	1.80	1.80		☑		☐
78607	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78647	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78710	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78800	XXX	R	Sept 2018	26	SPECT-CT Procedures	U1	January 2019	14	ACR, SNMMI, ACNM	0.70	0.70		☑		☐
78801	XXX	R	Sept 2018	26	SPECT-CT Procedures	U2	January 2019	14	ACR, SNMMI, ACNM	0.79	0.79	Yes	☑		☐
78802	XXX	R	Sept 2018	26	SPECT-CT Procedures	U3	January 2019	14	ACR, SNMMI, ACNM	0.86	0.86	Yes	☑		☐
78803	XXX	R	Sept 2018	26	SPECT-CT Procedures	U4	January 2019	14	ACR, SNMMI, ACNM	1.20	1.20		☑		☐
78804	XXX	R	Sept 2018	26	SPECT-CT Procedures	U5	January 2019	14	ACR, SNMMI, ACNM	1.07	1.07	Yes	☑		☐
78805	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78806	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
78807	XXX	D	Sept 2018	26	SPECT-CT Procedures		January 2019	14					☑		☐
788X0	XXX	N	Sept 2018	26	SPECT-CT Procedures	U6	January 2019	14	ACR, SNMMI, ACNM	1.60	1.60		☑		☑
788X1	XXX	N	Sept 2018	26	SPECT-CT Procedures	U7	January 2019	14	ACR, SNMMI, ACNM	1.93	1.93		☑		☑
788X2	XXX	N	Sept 2018	26	SPECT-CT Procedures	U8	January 2019	14	ACR, SNMMI, ACNM	2.23	2.23		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
788X3	ZZZ	N	Sept 2018	26	SPECT-CT Procedures	U9	January 2019	14	ACR, SNMMI, ACNM	0.77	0.51		☑		☑
78X29	XXX	N	May 2018	28	Myocardial PET	K2	January 2019	13	SNMMI, ACNM, ACC, ACR	1.76	1.76		☑		☑
78X31	XXX	N	May 2018	28	Myocardial PET	K4	January 2019	13	SNMMI, ACNM, ACC, ACR	1.67	1.67		☑		☑
78X32	XXX	N	May 2018	28	Myocardial PET	K6	January 2019	13	SNMMI, ACNM, ACC, ACR	2.00	1.90		☑		☑
78X33	XXX	N	May 2018	28	Myocardial PET	K7	January 2019	13	SNMMI, ACNM, ACC, ACR	2.07	2.07		☑		☐
78X34	XXX	N	May 2018	28	Myocardial PET	K8	January 2019	13	SNMMI, ACNM, ACC, ACR	2.35	2.26		☑		☑
78X35	ZZZ	N	May 2018	28	Myocardial PET	K9	January 2019	13	SNMMI, ACNM, ACC, ACR	0.63	0.63		☑		☑
908XX	000	N	Sept 2018	34	Biofeedback Training	V1	January 2019	15	AUA, ACOG	0.90	0.90		☑		☐
90911	000	D	Sept 2018	34	Biofeedback Training		January 2019	15					☑		☐
909XX	ZZZ	N	Sept 2018	34	Biofeedback Training	V2	January 2019	15	AUA, ACOG	0.50	0.50		☑		☐
92548	XXX	R	Sept 2018	35	Computerized Dynamic Posturography	W1	January 2019	16	AAOHNS, ASHA, AAA, ACP, AAN	0.76	0.76		☑		☐
92XX0	XXX	N	Sept 2018	35	Computerized Dynamic Posturography	W2	January 2019	16	AAOHNS, ASHA, AAA, ACP	0.96	0.96		☑		☐
933X0	ZZZ	N	Sept 2018	52	Myocardial Strain Imaging	Y1	January 2019	18	ASE, ACC	0.24	0.24		☑		☑
93784	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB3	January 2019	19	AGS, ACC, ACP	0.38	0.38	Yes	☑		☐
93786	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB4	January 2019	19	AGS, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93788	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB5	January 2019	19	AGS, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☐
93790	XXX	R	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB6	January 2019	19	AGS, ACC, ACP	0.38	0.38	Yes	☑		☐
93X00	XXX	N	Sept 2018	36	Duplex Scan Arterial Inflow-Venous Outflow	X1	January 2019	17	ACR, SVS, RPA	0.80	0.80		☑		☐
93X01	XXX	N	Sept 2018	36	Duplex Scan Arterial Inflow-Venous Outflow	X2	January 2019	17	ACR, SVS, RPA	0.55	0.50		☑		☐
98969	XXX	D	Sept 2018	06	Online Digital Evaluation Service (e-Visit)		January 2019	21					☑		☐
99444	XXX	D	Sept 2018	06	Online Digital Evaluation Service (e-Visit)		January 2019	21					☑		☐
994X0	ZZZ	N	Sept 2018	08	Chronic Care Remote Physiologic Monitoring	CC2	January 2019	20	AGS, ACC, ACP	0.61	0.61		☑		☑
994X9	XXX	R	Sept 2018	08	Chronic Care Remote Physiologic Monitoring	CC1	January 2019	20		0.61	0.61	Yes	☑		☐
99X01	XXX	N	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB1	January 2019	19	AGS, ACC, ACP	0.00	0.00		☑	PE Only	☐
99X02	XXX	N	Sept 2018	07	Self-Measured Blood Pressure Monitoring	BB2	January 2019	19	AGS, ACC, ACP	0.18	0.18		☑		☑
9X0X1	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD1	January 2019	21	AGS, AAP, AND, ACP, AAFP	0.25	0.25		☑		☑
9X0X2	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD2	January 2019	21	AGS, AAP, AND, ACP	0.50	0.50		☑		☑
9X0X3	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD3	January 2019	21	AGS, AAP, AND, ACP, AAFP	0.80	0.80		☑		☑
G0365	XXX	D	Sept 2018	36	Duplex Scan Arterial Inflow-Venous Outflow		January 2019	17					☐		☐

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	CMS/Other Source Utilization Over 30,000	CMS Request - Final Rule for 2019	Contractor-Priced High Volume	Different Performing Specialty from Survey	New Technology/ New Services
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	Bone Biopsy Trocar/Needle	22	1.93				X	
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	Bone Biopsy Trocar/Needle	22	3.00				X	
70210	Radiologic examination, sinuses, paranasal, less than 3 views	X-Ray Exam - Sinuses	24	0.20	X				
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Cystourethroscopy Insertion Transprostatic Implant	23	4.50					X

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	CMS/Other Source Utilization Over 30,000	CMS Request - Final Rule for 2019	Contractor-Priced High Volume	Different Performing Specialty from Survey	New Technology/ New Services
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Cystourethroscopy Insertion Transprostatic Implant	23	1.20					X
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	X-Ray Exam - Sinuses	24	0.22	X				
70250	Radiologic examination, skull; less than 4 views	X-Ray Exam – Skull	25	0.20	X				
70260	Radiologic examination, skull; complete, minimum of 4 views	X-Ray Exam – Skull	25	0.29	X				

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	CMS/Other Source Utilization Over 30,000	CMS Request - Final Rule for 2019	Contractor-Priced High Volume	Different Performing Specialty from Survey	New Technology/ New Services
70360	Radiologic examination; neck, soft tissue	X-Ray Exam – Neck	26	0.20	X				
72020	Radiologic examination, spine, single view, specify level	X-Ray Spine	27	0.16	X				
72040	Radiologic examination, spine, cervical; 2 or 3 views	X-Ray Spine	27	0.22	X				
72050	Radiologic examination, spine, cervical; 4 or 5 views	X-Ray Spine	27	0.27	X				
72052	Radiologic examination, spine, cervical; 6 or more views	X-Ray Spine	27	0.30	X				
72070	Radiologic examination, spine; thoracic, 2 views	X-Ray Spine	27	0.20	X				
72072	Radiologic examination, spine; thoracic, 3 views	X-Ray Spine	27	0.23	X				
72074	Radiologic examination, spine; thoracic, minimum of 4 views	X-Ray Spine	27	0.25	X				

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	CMS/Other Source Utilization Over 30,000	CMS Request - Final Rule for 2019	Contractor-Priced High Volume	Different Performing Specialty from Survey	New Technology/ New Services
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	X-Ray Spine	27	0.21	X				
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	X-Ray Spine	27	0.22	X				
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	X-Ray Spine	27	0.26	X				
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	X-Ray Spine	27	0.30	X				
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	X-Ray Spine	27	0.22	X				

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	CMS/Other Source Utilization Over 30,000	CMS Request - Final Rule for 2019	Contractor-Priced High Volume	Different Performing Specialty from Survey	New Technology/ New Services
72170	Radiologic examination, pelvis; 1 or 2 views	X-Ray Exam – Pelvis	28	0.17	X				
72190	Radiologic examination, pelvis; complete, minimum of 3 views	X-Ray Exam – Pelvis	28	0.25	X				
72200	Radiologic examination, sacroiliac joints; less than 3 views	X-Ray Sacrum	29	0.20	X				
72202	Radiologic examination, sacroiliac joints; 3 or more views	X-Ray Sacrum	29	0.26	X				
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	X-Ray Sacrum	29	0.20	X				
73070	Radiologic examination, elbow; 2 views	X-Ray Elbow/Forearm	30	0.16	X				
73080	Radiologic examination, elbow; complete, minimum of 3 views	X-Ray Elbow/Forearm	30	0.17	X				
73090	Radiologic examination; forearm, 2 views	X-Ray Elbow/Forearm	30	0.16	X				

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	CMS/Other Source Utilization Over 30,000	CMS Request - Final Rule for 2019	Contractor-Priced High Volume	Different Performing Specialty from Survey	New Technology/ New Services
73650	Radiologic examination; calcaneus, minimum of 2 views	X-Ray Heel	31	0.16	X				
73660	Radiologic examination; toe(s), minimum of 2 views	X-Ray Toe	32	0.13	X				
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Corneal Hysteresis Determination	33	0.10					X
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	Septostomy	34	Refer to CPT		X			
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	Septostomy	34	Refer to CPT		X			

RUC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

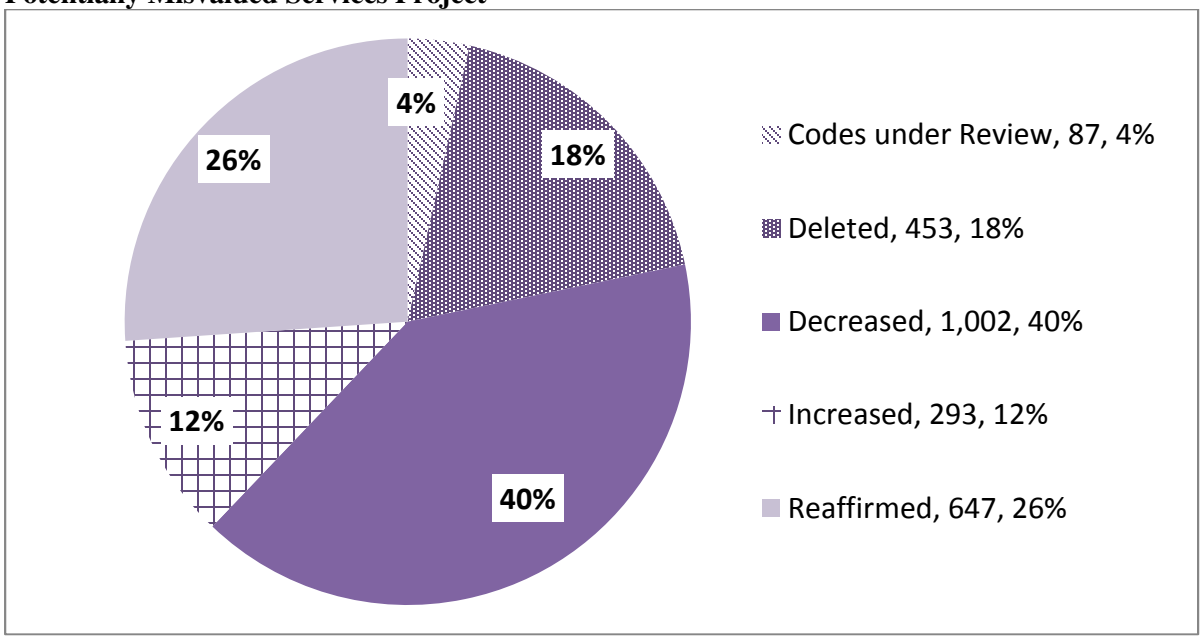
CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	CMS/Other Source Utilization Over 30,000	CMS Request - Final Rule for 2019	Contractor-Priced High Volume	Different Performing Specialty from Survey	New Technology/ New Services
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean he	Autonomic Function Testing	35	Refer to CPT for Deletion			X		

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified 2,482 services through 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, are examining nearly 2,500 potentially misvalued services accounting for $45 billion in Medicare spending. The update committee has recommended reductions and deletions to 1,455 services, redistributing $5 billion. Here are the outcomes for the committee's review of 2,482 codes:

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

As the RUC identifies new technology services that should be re-reviewed, a list of these services is maintained and forwarded to CMS. Currently, codes are identified as new technology based on recommendations from the appropriate specialty society and consensus among RUC members at the time of the RUC review for these services. RUC members consider several factors to evaluate potential new technology services, including: recent FDA-approval, newness or novelty of the service, use of an existing service in a new or novel way, and migration of the service from a Category III to Category I CPT® code. The Relativity Assessment Workgroup maintains and develops all standards and procedures associated with the list, which currently contains 640 services. In September 2010, the re-review cycle began and since then the RUC has recommended 47 services to be re-examined. The remaining services

are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 203 services every October after three years of Medicare claims data is available for each service.

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

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

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

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

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

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

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

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

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

In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code which was revised at the CPT Editorial Panel and the RUC submitted recommendations for the 2020 Medicare Physician Payment Schedule.

In 2018, the RUC also performed a site-of-service anomaly screen based on the review of three years of data (2015, 2016 and 2017e) for services with utilization over 10,000 in which a service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. One service was identified via this screen and another identified for the outpatient site of service anomaly screen.

High Volume Growth

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

The RUC recommended removing 15 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 44 recommendations to CMS for services for the 2012-2017 Medicare Physician Payment Schedules and four recommendations for the CPT 2020 Medicare Physician Payment Schedule. The RUC completed review of services under this first iteration of the high growth screen.

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

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 30 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review three services after an additional two years of utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 14 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen again and the query resulted in the identification of 12 services, which was expanded to 46 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted three services. The RUC submitted recommendations for 38 services for the 2019-2020 Medicare Physician Payment Schedules. The RUC will review three services after additional utilization data is available.

In October 2018, the RUC ran this query again for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified. The RUC recommended removing two services from the screen as the volume growth was appropriate. The RUC submitted recommendations for four services for the 2020 Medicare Physician Payment Schedule. The RUC will review the remaining five services for the 2021 Medicare Physician Payment Schedule.

CMS Fastest Growing

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

The RUC recommended removing 27 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT® Editorial Panel deleted 43codes. The RUC submitted 41 recommendations to CMS for the 2012-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

High IWPUT

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

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

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

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

Harvard Valued

Utilization over 1 Million

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

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

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

In October 2018, the RUC reran this screen on Harvard valued services with 2017e Medicare utilization over 30,000. One service was identified. The RUC referred this service to the CPT Editorial Panel for revision.

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

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

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

Utilization over 100,000
In October 2016, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 100,000 or more, which resulted in 27 services and was expanded to 41 services to include

the family of services. The RUC referred two codes to CPT for deletion and submitted recommendations for 39 services for the 2019 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Utilization over 30,000
In October 2017, the RUC lowered the threshold to the CMS/Other source codes with Medicare utilization of 30,000 or more, which resulted in 34 services and was expanded to 55 services to include the family of services. The CPT Editorial Panel deleted 10 codes. The submitted recommendations for 45 services for the 2019-2020 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2018, the RUC reran this screen for CMS/Other Source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 13 services. The RUC submitted recommendations for four services for the 2020 Medicare Physician Payment Schedule and will review the remaining 7 services for the 2021 Medicare Physician Payment Schedule.

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

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

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

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its fourth cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 18 individual codes. In October 2015, the CPT Editorial Panel started review of the code bundling solutions.

Of the 75 total codes under review, the CPT Editorial Panel deleted 26 services. The RUC submitted 47 code recommendations for the 2017-2019 Medicare Physician Payment Schedules and will review the two services after additional utilization data is available.

In October 2017 the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. The RUC referred four codes to CPT for code bundling solutions. The RUC submitted 5 code recommendations for the 2020 Medicare Physician Payment Schedule and will review the remaining services for the 2021 Medicare Physician Payment Schedule.

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

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

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

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

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

The RUC reviewed the 70 services identified and expanded the list to 145 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 20 codes. The RUC submitted 125 recommendations to CMS for the 2013-2019 Medicare Physician Payment Schedules. The RUC completed review of services under the first iteration of this screen.

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

The RUC expanded the list of services to 238 services to include additional codes as part of the family. The CPT Editorial Panel deleted 30 codes. The RUC submitted 207 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules and will review the remaining service after additional utilization data is available.

Services with Stand-Alone PE Procedure Time

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

Pre-Time Analysis

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

Post-Operative Visits

010-Day Global Codes

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

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

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

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

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

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

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

Negative IWPUT
In October 2017, the RUC identified 22 services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC expanded the services identified in this screen to 56 services to include additional codes as part of the family. The CPT Editorial Panel deleted 15 services. The RUC submitted 41 recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Contractor Priced with High Volume
In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The RUC expanded the services identified in this screen to six to include additional codes as part of a family. The RUC referred two codes to the CPT Editorial Panel for deletion, will review three services for the 2020 Medicare Physician Payment Schedule and the remaining service after two years of additional data is available.

CPT Modifier -51 Exempt List
In April 2018, the RUC identified seven services on the CPT Modifier -51 *Multiple Procedures* exempt list with 2017 estimated Medicare utilization over 10,000. The RUC examined the data provided on the percentage reported alone, physician pre and intra time and determined that this is an appropriate screen. The RUC recommended that four services be removed from the Modifier – 51 exempt list and that three services remain on the list as they are separate and distinct services. The RUC notes that the CPT Editorial Panel will be reexamining this list in February 2019. The RUC has completed review of the services under this screen.

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

Final Rule for 2013
In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 39 services to include the entire code family. The RUC reviewed these services and recommended that eight services be removed from review as two G-codes lacked specialty society interest and six services are not potentially misvalued since there is no reliable way to determine an incremental difference from open thoracotomy to thorascopic procedures. The CPT Editorial Panel deleted two services. The RUC submitted recommendations for 29 services for the 2014-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2014
CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 90 services. The CPT® Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

Final Rule for 2016
In the Final Rule for 2016 the public and CMS nominated 25 services as potentially misvalued, which the RUC expanded to 53 services to include an additional code as part of the family. The CPT Editorial Panel

deleted eight services. The RUC submitted 45 recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

Final Rule for 2018
In the Final Rule for 2018 the public and CMS nominated six services as potentially misvalued, which the RUC expanded to nine services. The RUC submitted nine recommendations for the 2019-2020 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2019
In the Final Rule for 2019 the public and CMS nominated nine services as potentially misvalued. The RUC will review these services for the 2021 Medicare Physician Payment Schedule.

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

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status	
Total Number of Codes Identified*	**2,482**
Codes Completed	**2,395**
Work and PE Maintained	647
Work Increased	293
Work Decreased	831
Direct Practice Expense Revised (beyond work changes)	171
Deleted from CPT®	453
Codes Under Review	**87**
Referred to CPT® Editorial Panel	37
RUC to Review for *CPT 2021*	27
RUC to review future review after additional data obtained	23

**The total number of codes identified will not equal the number of codes from each screen as some codes have been identified in more than one screen.*

The RUC's efforts for 2009-2018 have resulted in $5 billion for redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

00534 **Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2017 Medicare Utilization:** 34,281

2007 Work RVU: 0.00 **2019 Work RVU:** 7.00
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

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

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

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2017 Medicare Utilization:** 75,798

2007 Work RVU: 0.00 **2019 Work RVU:** 7.00
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Review action plan and additional utilization data (Oct 2019). Notify Anesthesia WG that this is a high growth service. **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

00560 **Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2017 Medicare Utilization:** 47,049

2007 Work RVU: 0.00 **2019 Work RVU:** 15.00
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

00731 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified**

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

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

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

2007 Work RVU: **2019 Work RVU:** 5.00
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 5 base units

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

Result: Maintain

00732 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)**

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

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

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

2007 Work RVU: **2019 Work RVU:** 6.00
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 6 base units

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

Result: Increase

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

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

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

First Identified: July 2015 **2017 Medicare Utilization:** 1,403,689

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2017 **Tab** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2017 Medicare Utilization:** 1,937,705

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

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

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

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

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

2007 Work RVU: **2019 Work RVU:** 4.00
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

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

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

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

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

2007 Work RVU: **2019 Work RVU:** 3.00
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

2007 Work RVU: **2019 Work RVU:** 5.00
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 5 base units

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

Result: Maintain

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASA

First Identified: February 2008 **2017 Medicare Utilization:** 19,677

2007 Work RVU: 0.00 **2019 Work RVU:** 5.00
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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

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

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

First Identified: October 2016 **2017 Medicare Utilization:** 277,906

2007 Work RVU: **2019 Work RVU:** 5.00
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Review addiitonal data (October 2019)

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

10004 **Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

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

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

2007 Work RVU: **2019 Work RVU:** 0.80

2007 NF PE RVU: **2019 NF PE RVU:** 0.58

2007 Fac PE RVU **2019 Fac PE RVU:** 0.34

RUC Recommendation: 0.80

Referred to CPT

Result: Decrease

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

10005 **Fine needle aspiration biopsy, including ultrasound guidance; first lesion**

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

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

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

2007 Work RVU: **2019 Work RVU:** 1.46

2007 NF PE RVU: **2019 NF PE RVU:** 1.98

2007 Fac PE RVU **2019 Fac PE RVU:** 0.49

RUC Recommendation: 1.63

Referred to CPT

Result: Decrease

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

10006 **Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

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

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

2007 Work RVU: **2019 Work RVU:** 1.00

2007 NF PE RVU: **2019 NF PE RVU:** 0.61

2007 Fac PE RVU **2019 Fac PE RVU:** 0.33

RUC Recommendation: 1.00

Referred to CPT

Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

10007 **Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion** **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

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

2007 Work RVU: **2019 Work RVU:** 1.81
2007 NF PE RVU: **2019 NF PE RVU:** 6.09
2007 Fac PE RVU **2019 Fac PE RVU:** 0.70

RUC Recommendation: 1.81 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

10008 **Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

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

2007 Work RVU: **2019 Work RVU:** 1.18
2007 NF PE RVU: **2019 NF PE RVU:** 3.26
2007 Fac PE RVU **2019 Fac PE RVU:** 0.46

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

10009 **Fine needle aspiration biopsy, including CT guidance; first lesion** **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

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

2007 Work RVU: **2019 Work RVU:** 2.26
2007 NF PE RVU: **2019 NF PE RVU:** 10.76
2007 Fac PE RVU **2019 Fac PE RVU:** 0.79

RUC Recommendation: 2.43 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10010 **Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

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

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

2007 Work RVU: **2019 Work RVU:** 1.65

2007 NF PE RVU: **2019 NF PE RVU:** 6.17

2007 Fac PE RVU **2019 Fac PE RVU:** 0.58

RUC Recommendation: 1.65

Referred to CPT

Result: Decrease

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

10011 **Fine needle aspiration biopsy, including MR guidance; first lesion**

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

Most Recent RUC Meeting: January 2018 **Tab** 04 **Specialty Developing Recommendation:**

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

2007 Work RVU: **2019 Work RVU:** 0.00

2007 NF PE RVU: **2019 NF PE RVU:** 0.00

2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price

Referred to CPT

Result: Contractor Price

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

10012 **Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: January 2018 **Tab** 04 **Specialty Developing Recommendation:**

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

2007 Work RVU: **2019 Work RVU:** 0.00

2007 NF PE RVU: **2019 NF PE RVU:** 0.00

2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price

Referred to CPT

Result: Contractor Price

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

Status Report: CMS Requests and Relativity Assessment Issues

10021 **Fine needle aspiration biopsy, without imaging guidance; first lesion**

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

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2017 Medicare Utilization:** 22,299

2007 Work RVU: 1.27 **2019 Work RVU:** 1.03
2007 NF PE RVU: 2.14 **2019 NF PE RVU:** 1.61
2007 Fac PE RVU 0.5 **2019 Fac PE RVU:** 0.44

RUC Recommendation: 1.20 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

Most Recent RUC Meeting: October 2017 **Tab** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2017 Medicare Utilization:** 185,227

2007 Work RVU: 1.27 **2019 Work RVU:**
2007 NF PE RVU: 2.41 **2019 NF PE RVU:**
2007 Fac PE RVU 0.4 **2019 Fac PE RVU:**

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

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

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2017 Medicare Utilization:** 8,259

2007 Work RVU: **2019 Work RVU:** 2.75
2007 NF PE RVU: **2019 NF PE RVU:** 13.27
2007 Fac PE RVU **2019 Fac PE RVU:** 0.97

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2016 **Tab** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2017 Medicare Utilization:** 38,255

2007 Work RVU: 1.19 **2019 Work RVU:** 0.91
2007 NF PE RVU: 1.09 **2019 NF PE RVU:** 2.05
2007 Fac PE RVU 0.84 **2019 Fac PE RVU:** 0.62

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2017 Medicare Utilization:** 405,520

2007 Work RVU: 1.19 **2019 Work RVU:** 1.22
2007 NF PE RVU: 1.29 **2019 NF PE RVU:** 2.02
2007 Fac PE RVU 0.97 **2019 Fac PE RVU:** 1.46

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

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

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

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** APMA **First Identified:** October 2009 **2017 Medicare Utilization:** 151,181

2007 Work RVU: 2.42 **2019 Work RVU:** 2.45
2007 NF PE RVU: 1.89 **2019 NF PE RVU:** 3.12
2007 Fac PE RVU 1.51 **2019 Fac PE RVU:** 2.41

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2011 **Tab** 12 **Specialty Developing Recommendation:** APMA, AAFP **First Identified:** April 2011 **2017 Medicare Utilization:** 44,287

2007 Work RVU: 1.23 **2019 Work RVU:** 1.22
2007 NF PE RVU: 2.12 **2019 NF PE RVU:** 2.96
2007 Fac PE RVU 0.97 **2019 Fac PE RVU:** 1.60

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

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

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** January 2013 **2017 Medicare Utilization:** 11,019

2007 Work RVU: 2.27 **2019 Work RVU:** 2.30
2007 NF PE RVU: 3.06 **2019 NF PE RVU:** 4.33
2007 Fac PE RVU 1.94 **2019 Fac PE RVU:** 2.31

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 0.50 **2019 Work RVU:**
2007 NF PE RVU: 0.56 **2019 NF PE RVU:**
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**

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

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 0.60 **2019 Work RVU:**
2007 NF PE RVU: 0.68 **2019 NF PE RVU:**
2007 Fac PE RVU 0.3 **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2017 Medicare Utilization:** 1,828,683

2007 Work RVU: 0.80 **2019 Work RVU:** 1.01
2007 NF PE RVU: 0.97 **2019 NF PE RVU:** 2.33
2007 Fac PE RVU 0.39 **2019 Fac PE RVU:**0.63

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2017 Medicare Utilization:** 367,302

2007 Work RVU: 3.04 **2019 Work RVU:** 2.70
2007 NF PE RVU: 3.45 **2019 NF PE RVU:** 3.48
2007 Fac PE RVU 2.62 **2019 Fac PE RVU:**1.36

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2017 Medicare Utilization:** 80,072

2007 Work RVU: 4.11 **2019 Work RVU:** 4.10
2007 NF PE RVU: 4.58 **2019 NF PE RVU:** 4.20
2007 Fac PE RVU 3.73 **2019 Fac PE RVU:**1.85

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 450,309

2007 Work RVU: **2019 Work RVU:** 0.50
2007 NF PE RVU: **2019 NF PE RVU:** 0.60
2007 Fac PE RVU **2019 Fac PE RVU:**0.18

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 200,932

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

2007 Work RVU: **2019 Work RVU:** 1.03
2007 NF PE RVU: **2019 NF PE RVU:** 0.88
2007 Fac PE RVU **2019 Fac PE RVU:** 0.40
Result: Decrease

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

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

Most Recent RUC Meeting: February 2010 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 54,233

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

2007 Work RVU: **2019 Work RVU:** 1.80
2007 NF PE RVU: **2019 NF PE RVU:** 1.39
2007 Fac PE RVU **2019 Fac PE RVU:** 0.71
Result: Increase

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2017 Medicare Utilization:** 901,164

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

2007 Work RVU: 0.43 **2019 Work RVU:** 0.35
2007 NF PE RVU: 0.63 **2019 NF PE RVU:** 1.22
2007 Fac PE RVU 0.16 **2019 Fac PE RVU:** 0.09
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab** 53 **Specialty Developing Recommendation:** APMA

First Identified: October 2010 **2017 Medicare Utilization:** 2,028,100

RUC Recommendation: 0.50

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

2007 Work RVU: 0.61 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.7 **2019 NF PE RVU:** 1.37
2007 Fac PE RVU 0.22 **2019 Fac PE RVU:**0.12
Result: Decrease

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

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

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** APMA

First Identified: November 2011 **2017 Medicare Utilization:** 361,404

RUC Recommendation: Maintain

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

2007 Work RVU: 0.79 **2019 Work RVU:** 0.65
2007 NF PE RVU: 0.81 **2019 NF PE RVU:** 1.42
2007 Fac PE RVU 0.28 **2019 Fac PE RVU:**0.16
Result: Maintain

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

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

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

First Identified: October 2010 **2017 Medicare Utilization:** 3,535,531

RUC Recommendation: Deleted from CPT

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

2007 Work RVU: 0.81 **2019 Work RVU:**
2007 NF PE RVU: 1.41 **2019 NF PE RVU:**
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2017 Medicare Utilization:** 1,495,435

2007 Work RVU: 0.41 **2019 Work RVU:**
2007 NF PE RVU: 0.35 **2019 NF PE RVU:**
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**

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

11102 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion**

Global: 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.66
2007 NF PE RVU: **2019 NF PE RVU:** 2.05
2007 Fac PE RVU **2019 Fac PE RVU:** 0.39

RUC Recommendation: 0.66 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

11103 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.38
2007 NF PE RVU: **2019 NF PE RVU:** 1.08
2007 Fac PE RVU **2019 Fac PE RVU:** 0.23

RUC Recommendation: 0.38 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11104 **Punch biopsy of skin (including simple closure, when performed); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.83
2007 NF PE RVU: **2019 NF PE RVU:** 2.58
2007 Fac PE RVU **2019 Fac PE RVU:** 0.49

RUC Recommendation: 0.83 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

11105 **Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.45
2007 NF PE RVU: **2019 NF PE RVU:** 1.22
2007 Fac PE RVU **2019 Fac PE RVU:** 0.27

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

11106 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.01
2007 NF PE RVU: **2019 NF PE RVU:** 3.11
2007 Fac PE RVU **2019 Fac PE RVU:** 0.59

RUC Recommendation: 1.01 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11107 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)**

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

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

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

2007 Work RVU: **2019 Work RVU:** 0.54
2007 NF PE RVU: **2019 NF PE RVU:** 1.43
2007 Fac PE RVU **2019 Fac PE RVU:** 0.32

RUC Recommendation: 0.54

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

Result: Decrease

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

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

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

First Identified: January 2012 **2017 Medicare Utilization:** 94,530

2007 Work RVU: 0.51 **2019 Work RVU:** 0.60
2007 NF PE RVU: 1.04 **2019 NF PE RVU:** 2.09
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:** 0.33

RUC Recommendation: 0.60

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

Result: Increase

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

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

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

First Identified: January 2012 **2017 Medicare Utilization:** 182,108

2007 Work RVU: 0.85 **2019 Work RVU:** 0.90
2007 NF PE RVU: 1.21 **2019 NF PE RVU:** 2.38
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:** 0.51

RUC Recommendation: 0.90

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 108,235

2007 Work RVU: 1.05 **2019 Work RVU:** 1.05
2007 NF PE RVU: 1.42 **2019 NF PE RVU:** 2.78
2007 Fac PE RVU 0.47 **2019 Fac PE RVU:**0.60

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 16,562

2007 Work RVU: 1.24 **2019 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2019 NF PE RVU:** 2.96
2007 Fac PE RVU 0.53 **2019 Fac PE RVU:**0.70

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 101,796

2007 Work RVU: 0.67 **2019 Work RVU:** 0.80
2007 NF PE RVU: 0.91 **2019 NF PE RVU:** 2.03
2007 Fac PE RVU 0.26 **2019 Fac PE RVU:**0.25

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 98,344

2007 Work RVU: 0.99 **2019 Work RVU:** 0.96
2007 NF PE RVU: 1.18 **2019 NF PE RVU:** 2.38
2007 Fac PE RVU 0.41 **2019 Fac PE RVU:**0.42

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 48,454

2007 Work RVU: 1.14 **2019 Work RVU:** 1.20
2007 NF PE RVU: 1.4 **2019 NF PE RVU:** 2.74
2007 Fac PE RVU 0.49 **2019 Fac PE RVU:**0.57

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 13,067

2007 Work RVU: 1.41 **2019 Work RVU:** 1.46
2007 NF PE RVU: 1.53 **2019 NF PE RVU:** 2.73
2007 Fac PE RVU 0.58 **2019 Fac PE RVU:**0.53

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 74,589

2007 Work RVU: 0.73 **2019 Work RVU:** 0.80
2007 NF PE RVU: 1.18 **2019 NF PE RVU:** 2.32
2007 Fac PE RVU 0.32 **2019 Fac PE RVU:**0.45

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 97,449

2007 Work RVU: 1.05 **2019 Work RVU:** 1.10
2007 NF PE RVU: 1.34 **2019 NF PE RVU:** 2.61
2007 Fac PE RVU 0.49 **2019 Fac PE RVU:**0.63

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012 **2017 Medicare Utilization:** 47,099

2007 Work RVU: 1.20 **2019 Work RVU:** 1.30
2007 NF PE RVU: 1.55 **2019 NF PE RVU:** 3.03
2007 Fac PE RVU 0.56 **2019 Fac PE RVU:**0.74

RUC Recommendation: 1.80

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

Result: Increase

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

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

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

First Identified: January 2012 **2017 Medicare Utilization:** 8,000

2007 Work RVU: 1.62 **2019 Work RVU:** 1.68
2007 NF PE RVU: 1.9 **2019 NF PE RVU:** 3.37
2007 Fac PE RVU 0.73 **2019 Fac PE RVU:**0.96

RUC Recommendation: 2.00

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

Result: Increase

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

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

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

First Identified: October 2010 **2017 Medicare Utilization:** 962,342

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2019 NF PE RVU:** 0.23
2007 Fac PE RVU 0.07 **2019 Fac PE RVU:**0.04

RUC Recommendation: 0.17

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

Result: Maintain

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

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

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

First Identified: Septemer 2011 **2017 Medicare Utilization:** 2,108,272

2007 Work RVU: 0.32 **2019 Work RVU:** 0.32
2007 NF PE RVU: 0.37 **2019 NF PE RVU:** 0.60
2007 Fac PE RVU 0.11 **2019 Fac PE RVU:**0.08

RUC Recommendation: 0.32 (Interim)

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2011 **Tab** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2017 Medicare Utilization:** 7,188,708

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 0.47 **2019 NF PE RVU:** 0.71
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**0.13

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

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

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

Most Recent RUC Meeting: January 2016 **Tab** 56 **Specialty Developing Recommendation:** APMA **First Identified:** July 2015 **2017 Medicare Utilization:** 421,665

2007 Work RVU: 1.10 **2019 Work RVU:** 1.05
2007 NF PE RVU: 1.11 **2019 NF PE RVU:** 1.96
2007 Fac PE RVU 0.4 **2019 Fac PE RVU:**0.45

RUC Recommendation: 1.10

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

Result: Maintain

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

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

Most Recent RUC Meeting: September 2014 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2017 Medicare Utilization:** 205,033

2007 Work RVU: 2.40 **2019 Work RVU:** 1.58
2007 NF PE RVU: 2.37 **2019 NF PE RVU:** 2.71
2007 Fac PE RVU 1.79 **2019 Fac PE RVU:**1.22

RUC Recommendation: 1.99

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

Result: Decrease

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

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

Most Recent RUC Meeting: January 2015 **Tab** 28 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 3.48 **2019 Work RVU:**
2007 NF PE RVU: 3.28 **2019 NF PE RVU:**
2007 Fac PE RVU 2.95 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: July 2016

2017 Medicare Utilization: 61,153

RUC Recommendation: 1.25

Referred to CPT

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

2007 Work RVU: 1.31 **2019 Work RVU:** 1.25
2007 NF PE RVU: 1.69 **2019 NF PE RVU:** 2.13
2007 Fac PE RVU 0.77 **2019 Fac PE RVU:**0.45
Result: Decrease

11900 **Injection, intralesional; up to and including 7 lesions**

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

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

First Identified: October 2009

2017 Medicare Utilization: 234,865

RUC Recommendation: 0.52

Referred to CPT

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

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 0.72 **2019 NF PE RVU:** 0.95
2007 Fac PE RVU 0.22 **2019 Fac PE RVU:**0.31
Result: Maintain

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

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

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

First Identified: February 2010

2017 Medicare Utilization: 67,528

RUC Recommendation: 0.80

Referred to CPT

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

2007 Work RVU: 0.80 **2019 Work RVU:** 0.80
2007 NF PE RVU: 0.75 **2019 NF PE RVU:** 1.04
2007 Fac PE RVU 0.37 **2019 Fac PE RVU:**0.48
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth2 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** April 2013 **2017 Medicare Utilization:** 32,412

2007 Work RVU: 1.48 **2019 Work RVU:** 1.10
2007 NF PE RVU: 1.1 **2019 NF PE RVU:** 1.47
2007 Fac PE RVU 0.55 **2019 Fac PE RVU:** 0.39

RUC Recommendation: 1.10 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: XXX **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2017 Medicare Utilization:** 12,774

2007 Work RVU: 1.48 **2019 Work RVU:** 1.48
2007 NF PE RVU: 1.76 **2019 NF PE RVU:** 2.31
2007 Fac PE RVU 0.66 **2019 Fac PE RVU:** 0.66

RUC Recommendation: 1.30 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: XXX **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** February 2008 **2017 Medicare Utilization:** 4,122

2007 Work RVU: 1.78 **2019 Work RVU:** 1.78
2007 NF PE RVU: 1.97 **2019 NF PE RVU:** 2.41
2007 Fac PE RVU 0.81 **2019 Fac PE RVU:** 0.79

RUC Recommendation: 1.70 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2017 Medicare Utilization:** 2,409

2007 Work RVU: 3.30 **2019 Work RVU:** 3.30
2007 NF PE RVU: 2.38 **2019 NF PE RVU:** 2.79
2007 Fac PE RVU 1.44 **2019 Fac PE RVU:**1.35
Result: Decrease

RUC Recommendation: 2.10

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2017 Medicare Utilization:** 191,270

2007 Work RVU: 1.72 **2019 Work RVU:** 0.84
2007 NF PE RVU: 1.92 **2019 NF PE RVU:** 1.58
2007 Fac PE RVU 0.76 **2019 Fac PE RVU:**0.32
Result: Decrease

RUC Recommendation: 0.84

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2017 Medicare Utilization:** 147,981

2007 Work RVU: 1.88 **2019 Work RVU:** 1.14
2007 NF PE RVU: 1.98 **2019 NF PE RVU:** 1.79
2007 Fac PE RVU 0.89 **2019 Fac PE RVU:**0.38
Result: Decrease

RUC Recommendation: 1.14

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 22,961

2007 Work RVU: 2.26 **2019 Work RVU:** 1.44
2007 NF PE RVU: 2.26 **2019 NF PE RVU:** 1.98
2007 Fac PE RVU 0.99 **2019 Fac PE RVU:**0.46
Result: Decrease

RUC Recommendation: 1.44

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 6,230

2007 Work RVU: 2.88 **2019 Work RVU:** 1.97
2007 NF PE RVU: 2.75 **2019 NF PE RVU:** 2.45
2007 Fac PE RVU 1.17 **2019 Fac PE RVU:**0.47

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 1,241

2007 Work RVU: 3.68 **2019 Work RVU:** 2.39
2007 NF PE RVU: 3.3 **2019 NF PE RVU:** 2.81
2007 Fac PE RVU 1.46 **2019 Fac PE RVU:**0.60

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 441

2007 Work RVU: 4.13 **2019 Work RVU:** 2.90
2007 NF PE RVU: 3.71 **2019 NF PE RVU:** 3.03
2007 Fac PE RVU 1.73 **2019 Fac PE RVU:**0.81

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 92,218

2007 Work RVU: 1.78 **2019 Work RVU:** 1.07
2007 NF PE RVU: 2.07 **2019 NF PE RVU:** 1.88
2007 Fac PE RVU 0.78 **2019 Fac PE RVU:**0.36

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 52,004

2007 Work RVU: 2.01 **2019 Work RVU:** 1.22
2007 NF PE RVU: 2.22 **2019 NF PE RVU:** 1.84
2007 Fac PE RVU 0.92 **2019 Fac PE RVU:**0.27

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 6,921

2007 Work RVU: 2.48 **2019 Work RVU:** 1.57
2007 NF PE RVU: 2.5 **2019 NF PE RVU:** 2.09
2007 Fac PE RVU 1.04 **2019 Fac PE RVU:**0.35

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 3,503

2007 Work RVU: 3.21 **2019 Work RVU:** 1.98
2007 NF PE RVU: 3.04 **2019 NF PE RVU:** 2.44
2007 Fac PE RVU 1.22 **2019 Fac PE RVU:**0.44

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 559

2007 Work RVU: 3.94 **2019 Work RVU:** 2.68
2007 NF PE RVU: 3.45 **2019 NF PE RVU:** 2.86
2007 Fac PE RVU 1.47 **2019 Fac PE RVU:**0.61

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 71

2007 Work RVU: 4.72 **2019 Work RVU:** 3.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.79 **2019 Fac PE RVU:**0.70

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

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

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

Most Recent RUC Meeting: April 2010 **Tab** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2017 Medicare Utilization:** 26

2007 Work RVU: 5.54 **2019 Work RVU:** 3.61
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.19 **2019 Fac PE RVU:**0.78

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 60,253

2007 Work RVU: 2.17 **2019 Work RVU:** 2.00
2007 NF PE RVU: 2.69 **2019 NF PE RVU:** 4.67
2007 Fac PE RVU 1.17 **2019 Fac PE RVU:**2.09

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2009 **2017 Medicare Utilization:** 259,298

2007 Work RVU: 2.49 **2019 Work RVU:** 2.52
2007 NF PE RVU: 4.19 **2019 NF PE RVU:** 5.75
2007 Fac PE RVU 1.92 **2019 Fac PE RVU:** 2.68

RUC Recommendation: 2.52

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

Result: Maintain

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

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

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

First Identified: February 2010 **2017 Medicare Utilization:** 24,692

2007 Work RVU: 2.94 **2019 Work RVU:** 2.97
2007 NF PE RVU: 3.54 **2019 NF PE RVU:** 5.64
2007 Fac PE RVU 1.59 **2019 Fac PE RVU:** 2.53

RUC Recommendation: 2.97

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

Result: Maintain

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

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

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

First Identified: February 2010 **2017 Medicare Utilization:** 5,005

2007 Work RVU: 3.44 **2019 Work RVU:** 3.50
2007 NF PE RVU: 5.21 **2019 NF PE RVU:** 6.84
2007 Fac PE RVU 2.14 **2019 Fac PE RVU:** 2.82

RUC Recommendation: 3.60

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 1,060

2007 Work RVU: 4.06 **2019 Work RVU:** 4.23
2007 NF PE RVU: 5.51 **2019 NF PE RVU:** 7.10
2007 Fac PE RVU 2.47 **2019 Fac PE RVU:**3.05

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 590

2007 Work RVU: 4.68 **2019 Work RVU:** 5.00
2007 NF PE RVU: 6.05 **2019 NF PE RVU:** 7.73
2007 Fac PE RVU 2.88 **2019 Fac PE RVU:**3.44

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 19,911

2007 Work RVU: 2.39 **2019 Work RVU:** 2.10
2007 NF PE RVU: 2.87 **2019 NF PE RVU:** 4.57
2007 Fac PE RVU 1.29 **2019 Fac PE RVU:**1.89

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

Status Report: CMS Requests and Relativity Assessment Issues

12042 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 49,110

2007 Work RVU: 2.76 **2019 Work RVU:** 2.79
2007 NF PE RVU: 3.57 **2019 NF PE RVU:** 5.21
2007 Fac PE RVU 1.63 **2019 Fac PE RVU:**2.55

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 2,194

2007 Work RVU: 3.16 **2019 Work RVU:** 3.19
2007 NF PE RVU: 3.74 **2019 NF PE RVU:** 6.75
2007 Fac PE RVU 1.69 **2019 Fac PE RVU:**2.51

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 395

2007 Work RVU: 3.65 **2019 Work RVU:** 3.75
2007 NF PE RVU: 5.21 **2019 NF PE RVU:** 7.14
2007 Fac PE RVU 2.23 **2019 Fac PE RVU:**3.39

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 107

2007 Work RVU: 4.26 **2019 Work RVU:** 4.30
2007 NF PE RVU: 6.28 **2019 NF PE RVU:** 8.50
2007 Fac PE RVU 2.64 **2019 Fac PE RVU:**3.67

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 52

2007 Work RVU: 4.66 **2019 Work RVU:** 4.95
2007 NF PE RVU: 6.3 **2019 NF PE RVU:** 9.06
2007 Fac PE RVU 2.95 **2019 Fac PE RVU:**3.90

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 56,316

2007 Work RVU: 2.49 **2019 Work RVU:** 2.33
2007 NF PE RVU: 3.48 **2019 NF PE RVU:** 4.87
2007 Fac PE RVU 1.57 **2019 Fac PE RVU:**2.24

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 76,495

2007 Work RVU: 2.81 **2019 Work RVU:** 2.87
2007 NF PE RVU: 3.64 **2019 NF PE RVU:** 5.26
2007 Fac PE RVU 1.72 **2019 Fac PE RVU:**2.56

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 9,287

2007 Work RVU: 3.14 **2019 Work RVU:** 3.17
2007 NF PE RVU: 3.77 **2019 NF PE RVU:** 6.36
2007 Fac PE RVU 1.68 **2019 Fac PE RVU:**2.62

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 2,577

2007 Work RVU: 3.47 **2019 Work RVU:** 3.50
2007 NF PE RVU: 4.02 **2019 NF PE RVU:** 6.44
2007 Fac PE RVU 1.74 **2019 Fac PE RVU:**2.35

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 346

2007 Work RVU: 4.44 **2019 Work RVU:** 4.50
2007 NF PE RVU: 4.87 **2019 NF PE RVU:** 8.37
2007 Fac PE RVU 2.13 **2019 Fac PE RVU:**3.47

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 47

2007 Work RVU: 5.25 **2019 Work RVU:** 5.30
2007 NF PE RVU: 6.62 **2019 NF PE RVU:** 9.83
2007 Fac PE RVU 2.89 **2019 Fac PE RVU:**4.85

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, **First Identified:** February 2010 **2017 Medicare Utilization:** 25

2007 Work RVU: 5.97 **2019 Work RVU:** 6.00
2007 NF PE RVU: 6.47 **2019 NF PE RVU:** 10.00
2007 Fac PE RVU 3.53 **2019 Fac PE RVU:**5.28

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

Status Report: CMS Requests and Relativity Assessment Issues

13100 **Repair, complex, trunk; 1.1 cm to 2.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2017 Medicare Utilization:** 5,904

2007 Work RVU: 3.14 **2019 Work RVU:** 3.00
2007 NF PE RVU: 4.15 **2019 NF PE RVU:** 6.22
2007 Fac PE RVU 2.35 **2019 Fac PE RVU:**2.46

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

13101 **Repair, complex, trunk; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2017 Medicare Utilization:** 91,008

2007 Work RVU: 3.93 **2019 Work RVU:** 3.50
2007 NF PE RVU: 4.99 **2019 NF PE RVU:** 7.37
2007 Fac PE RVU 2.77 **2019 Fac PE RVU:**3.25

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2017 Medicare Utilization:** 24,059

2007 Work RVU: 1.24 **2019 Work RVU:** 1.24
2007 NF PE RVU: 1.22 **2019 NF PE RVU:** 2.01
2007 Fac PE RVU 0.57 **2019 Fac PE RVU:**0.69

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

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

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2017 Medicare Utilization:** 11,035

2007 Work RVU: 3.32 **2019 Work RVU:** 3.23
2007 NF PE RVU: 4.26 **2019 NF PE RVU:** 6.38
2007 Fac PE RVU 2.41 **2019 Fac PE RVU:**3.07

RUC Recommendation: 3.23 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

Status Report: CMS Requests and Relativity Assessment Issues

13121 **Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2017 Medicare Utilization:** 179,306

2007 Work RVU: 4.36 **2019 Work RVU:** 4.00
2007 NF PE RVU: 5.32 **2019 NF PE RVU:** 7.67
2007 Fac PE RVU 3.02 **2019 Fac PE RVU:**3.08

RUC Recommendation: 4.00 **Referred to CPT** September 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

13122 **Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2017 Medicare Utilization:** 26,941

2007 Work RVU: 1.44 **2019 Work RVU:** 1.44
2007 NF PE RVU: 1.48 **2019 NF PE RVU:** 2.10
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**0.79

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm**

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 39,301

2007 Work RVU: 3.80 **2019 Work RVU:** 3.73
2007 NF PE RVU: 4.53 **2019 NF PE RVU:** 6.81
2007 Fac PE RVU 2.74 **2019 Fac PE RVU:**2.89

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2017 Medicare Utilization:** 275,741

2007 Work RVU: 6.48 **2019 Work RVU:** 4.78
2007 NF PE RVU: 6.42 **2019 NF PE RVU:** 8.17
2007 Fac PE RVU 4.38 **2019 Fac PE RVU:**3.54

RUC Recommendation: 4.78 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2017 Medicare Utilization:** 15,713

2007 Work RVU: 2.19 **2019 Work RVU:** 2.19
2007 NF PE RVU: 1.72 **2019 NF PE RVU:** 2.53
2007 Fac PE RVU 1.02 **2019 Fac PE RVU:**1.24

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 3.82 **2019 Work RVU:**
2007 NF PE RVU: 4.83 **2019 NF PE RVU:**
2007 Fac PE RVU 2.76 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2017 Medicare Utilization:** 33,923

2007 Work RVU: 4.46 **2019 Work RVU:** 4.34
2007 NF PE RVU: 4.99 **2019 NF PE RVU:** 7.14
2007 Fac PE RVU 3.17 **2019 Fac PE RVU:**3.26

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 52,814

2007 Work RVU: 6.34 **2019 Work RVU:** 5.34
2007 NF PE RVU: 6.42 **2019 NF PE RVU:** 8.34
2007 Fac PE RVU 4.03 **2019 Fac PE RVU:** 3.85

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

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

Most Recent RUC Meeting: April 2012 **Tab** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2017 Medicare Utilization:** 1,013

2007 Work RVU: 2.38 **2019 Work RVU:** 2.38
2007 NF PE RVU: 1.96 **2019 NF PE RVU:** 2.74
2007 Fac PE RVU 1.11 **2019 Fac PE RVU:** 1.31

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2017 Medicare Utilization:** 8,401

2007 Work RVU: 6.83 **2019 Work RVU:** 6.37
2007 NF PE RVU: 8.14 **2019 NF PE RVU:** 10.30
2007 Fac PE RVU 5.63 **2019 Fac PE RVU:** 6.88

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 9,307

2007 Work RVU: 9.60 **2019 Work RVU:** 8.78
2007 NF PE RVU: 9.86 **2019 NF PE RVU:** 12.40
2007 Fac PE RVU 7.22 **2019 Fac PE RVU:**8.30
Result: Decrease

RUC Recommendation: 8.58

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2017 Medicare Utilization:** 19,568

2007 Work RVU: 7.66 **2019 Work RVU:** 7.22
2007 NF PE RVU: 8.98 **2019 NF PE RVU:** 11.50
2007 Fac PE RVU 6.64 **2019 Fac PE RVU:**7.89
Result: Decrease

RUC Recommendation: 7.02

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 18,525

2007 Work RVU: 11.18 **2019 Work RVU:** 9.72
2007 NF PE RVU: 10.63 **2019 NF PE RVU:** 13.54
2007 Fac PE RVU 8.41 **2019 Fac PE RVU:**9.33
Result: Decrease

RUC Recommendation: 9.52

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2017 Medicare Utilization:** 69,585

2007 Work RVU: 8.44 **2019 Work RVU:** 8.60
2007 NF PE RVU: 9.17 **2019 NF PE RVU:** 11.83
2007 Fac PE RVU 7.17 **2019 Fac PE RVU:**8.23
Result: Maintain

RUC Recommendation: 8.44

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 43,160

2007 Work RVU: 12.67 **2019 Work RVU:** 10.83
2007 NF PE RVU: 11.37 **2019 NF PE RVU:** 14.28
2007 Fac PE RVU 8.88 **2019 Fac PE RVU:**9.84

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2017 Medicare Utilization:** 91,330

2007 Work RVU: 9.07 **2019 Work RVU:** 9.23
2007 NF PE RVU: 9.02 **2019 NF PE RVU:** 11.54
2007 Fac PE RVU 7.39 **2019 Fac PE RVU:**8.73

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 29,012

2007 Work RVU: 13.67 **2019 Work RVU:** 11.48
2007 NF PE RVU: 12.45 **2019 NF PE RVU:** 15.56
2007 Fac PE RVU 9.72 **2019 Fac PE RVU:**10.66

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease

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

14300 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2009 **Tab** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 13.26 **2019 Work RVU:**
2007 NF PE RVU: 11.77 **2019 NF PE RVU:**
2007 Fac PE RVU 9.28 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 33,591

2007 Work RVU: **2019 Work RVU:** 12.65
2007 NF PE RVU: **2019 NF PE RVU:** 16.04
2007 Fac PE RVU **2019 Fac PE RVU:** 10.50

RUC Recommendation: 12.47

Referred to CPT February 2009 **Result:** Decrease

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

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

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 36,033

2007 Work RVU: **2019 Work RVU:** 3.73
2007 NF PE RVU: **2019 NF PE RVU:** 1.96
2007 Fac PE RVU **2019 Fac PE RVU:** 1.96

RUC Recommendation: 3.73

Referred to CPT February 2009 **Result:** Decrease

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

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

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

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

First Identified: January 2014 **2017 Medicare Utilization:** 20,514

2007 Work RVU: 3.65 **2019 Work RVU:** 3.65
2007 NF PE RVU: 4.12 **2019 NF PE RVU:** 5.66
2007 Fac PE RVU 1.65 **2019 Fac PE RVU:** 2.19

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

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2017 Medicare Utilization:** 28,545

2007 Work RVU: 4.58 **2019 Work RVU:** 4.58
2007 NF PE RVU: 4.77 **2019 NF PE RVU:** 6.18
2007 Fac PE RVU 1.97 **2019 Fac PE RVU:**2.48

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

Referred to CPT

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

Result: Maintain

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2017 Medicare Utilization:** 15,001

2007 Work RVU: 9.74 **2019 Work RVU:** 9.90
2007 NF PE RVU: 11.91 **2019 NF PE RVU:** 12.80
2007 Fac PE RVU 7.57 **2019 Fac PE RVU:**8.75

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

Referred to CPT

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

Result: Maintain

15120 **Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 9,940

2007 Work RVU: 10.96 **2019 Work RVU:** 10.15
2007 NF PE RVU: 10.87 **2019 NF PE RVU:** 12.44
2007 Fac PE RVU 7.71 **2019 Fac PE RVU:**8.16

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 5.99 **2019 Work RVU:**
2007 NF PE RVU: 3.79 **2019 NF PE RVU:**
2007 Fac PE RVU 2.37 **2019 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.55 **2019 Work RVU:**
2007 NF PE RVU: 0.68 **2019 NF PE RVU:**
2007 Fac PE RVU 0.6 **2019 Fac PE RVU:**

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

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

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 7.99 **2019 Work RVU:**
2007 NF PE RVU: 5.4 **2019 NF PE RVU:**
2007 Fac PE RVU 3.96 **2019 Fac PE RVU:**

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 2.45 **2019 Work RVU:**
2007 NF PE RVU: 1.1 **2019 NF PE RVU:**
2007 Fac PE RVU 0.95 **2019 Fac PE RVU:**

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

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

15220 **Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 9,353

2007 Work RVU: 7.95 **2019 Work RVU:** 8.09
2007 NF PE RVU: 9.5 **2019 NF PE RVU:** 12.66
2007 Fac PE RVU 6.69 **2019 Fac PE RVU:**8.27

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

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

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2017 Medicare Utilization:** 13,328

2007 Work RVU: 10.15 **2019 Work RVU:** 10.41
2007 NF PE RVU: 10.66 **2019 NF PE RVU:** 14.63
2007 Fac PE RVU 8.2 **2019 Fac PE RVU:**10.96

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

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

Status Report: CMS Requests and Relativity Assessment Issues

15271 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 104,756

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 2.43
2007 Fac PE RVU **2019 Fac PE RVU:** 0.71

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

15272 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 11,906

2007 Work RVU: **2019 Work RVU:** 0.33
2007 NF PE RVU: **2019 NF PE RVU:** 0.38
2007 Fac PE RVU **2019 Fac PE RVU:** 0.12

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 4,975

2007 Work RVU: **2019 Work RVU:** 3.50
2007 NF PE RVU: **2019 NF PE RVU:** 4.60
2007 Fac PE RVU **2019 Fac PE RVU:** 1.71

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 28,333

2007 Work RVU: **2019 Work RVU:** 0.80
2007 NF PE RVU: **2019 NF PE RVU:** 1.18
2007 Fac PE RVU **2019 Fac PE RVU:** 0.36

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 119,976

2007 Work RVU: **2019 Work RVU:** 1.83
2007 NF PE RVU: **2019 NF PE RVU:** 2.36
2007 Fac PE RVU **2019 Fac PE RVU:** 0.73

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 5,452

2007 Work RVU: **2019 Work RVU:** 0.50
2007 NF PE RVU: **2019 NF PE RVU:** 0.42
2007 Fac PE RVU **2019 Fac PE RVU:** 0.17

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 1,542

2007 Work RVU: **2019 Work RVU:** 4.00
2007 NF PE RVU: **2019 NF PE RVU:** 4.86
2007 Fac PE RVU **2019 Fac PE RVU:** 1.91

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

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2017 Medicare Utilization:** 2,853

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.34
2007 Fac PE RVU **2019 Fac PE RVU:** 0.46

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

15320 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 5.36 **2019 Work RVU:**
2007 NF PE RVU: 3.66 **2019 NF PE RVU:**
2007 Fac PE RVU 2.49 **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.50 **2019 Work RVU:**
2007 NF PE RVU: 0.69 **2019 NF PE RVU:**
2007 Fac PE RVU 0.57 **2019 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 3.99 **2019 Work RVU:**
2007 NF PE RVU: 3.18 **2019 NF PE RVU:**
2007 Fac PE RVU 2.15 **2019 Fac PE RVU:**

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.00 **2019 Work RVU:**
2007 NF PE RVU: 0.46 **2019 NF PE RVU:**
2007 Fac PE RVU 0.39 **2019 Fac PE RVU:**

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 4.50 **2019 Work RVU:**
2007 NF PE RVU: 3.46 **2019 NF PE RVU:**
2007 Fac PE RVU 2.35 **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.43 **2019 Work RVU:**
2007 NF PE RVU: 0.7 **2019 NF PE RVU:**
2007 Fac PE RVU 0.55 **2019 Fac PE RVU:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 3.93 **2019 Work RVU:**
2007 NF PE RVU: 4.47 **2019 NF PE RVU:**
2007 Fac PE RVU 3.13 **2019 Fac PE RVU:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.15 **2019 Work RVU:**
2007 NF PE RVU: 0.58 **2019 NF PE RVU:**
2007 Fac PE RVU 0.44 **2019 Fac PE RVU:**

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

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 4.21 **2019 Work RVU:**
2007 NF PE RVU: 4.5 **2019 NF PE RVU:**
2007 Fac PE RVU 3.2 **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.45 **2019 Work RVU:**
2007 NF PE RVU: 0.7 **2019 NF PE RVU:**
2007 Fac PE RVU 0.56 **2019 Fac PE RVU:**

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

15400 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 4.38 **2019 Work RVU:**
2007 NF PE RVU: 4.25 **2019 NF PE RVU:**
2007 Fac PE RVU 3.95 **2019 Fac PE RVU:**

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

15401 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.00 **2019 Work RVU:**
2007 NF PE RVU: 1.67 **2019 NF PE RVU:**
2007 Fac PE RVU 0.42 **2019 Fac PE RVU:**

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

15420 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 4.89 **2019 Work RVU:**
2007 NF PE RVU: 4.86 **2019 NF PE RVU:**
2007 Fac PE RVU 3.83 **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.50 **2019 Work RVU:**
2007 NF PE RVU: 1.29 **2019 NF PE RVU:**
2007 Fac PE RVU 0.6 **2019 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 376

2007 Work RVU: 10.00 **2019 Work RVU:** 10.21
2007 NF PE RVU: 11.09 **2019 NF PE RVU:** 13.99
2007 Fac PE RVU 6.71 **2019 Fac PE RVU:**9.02

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2017 Medicare Utilization:** 683

2007 Work RVU: 9.94 **2019 Work RVU:** 10.12
2007 NF PE RVU: 9.59 **2019 NF PE RVU:** 13.48
2007 Fac PE RVU 6.53 **2019 Fac PE RVU:**9.51

RUC Recommendation: 9.94 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,741

2007 Work RVU: 10.52 **2019 Work RVU:** 10.70
2007 NF PE RVU: 10.64 **2019 NF PE RVU:** 13.42
2007 Fac PE RVU 7.6 **2019 Fac PE RVU:**9.36

RUC Recommendation: 10.52 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

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

Most Recent RUC Meeting: October 2008 **Tab** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 4,308

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

2007 Work RVU: 9.24 **2019 Work RVU:** 9.37
2007 NF PE RVU: 9.74 **2019 NF PE RVU:** 12.22
2007 Fac PE RVU 6.81 **2019 Fac PE RVU:**8.46
Result: Maintain

15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

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

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2017 Medicare Utilization:**

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

2007 Work RVU: **2019 Work RVU:** 13.50
2007 NF PE RVU: **2019 NF PE RVU:** 28.33
2007 Fac PE RVU **2019 Fac PE RVU:**11.13
Result: Decrease

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

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

Most Recent RUC Meeting: January 2017 **Tab** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2017 Medicare Utilization:** 2,164

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

2007 Work RVU: 14.12 **2019 Work RVU:** 14.38
2007 NF PE RVU: 12.13 **2019 NF PE RVU:** 15.45
2007 Fac PE RVU 9.56 **2019 Fac PE RVU:**12.17
Result: Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 10,692

2007 Work RVU: 19.70 **2019 Work RVU:**
2007 NF PE RVU: 17.27 **2019 NF PE RVU:**
2007 Fac PE RVU 12.01 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

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

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

First Identified: January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 15.68
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 12.31

RUC Recommendation: 15.68

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

Result: Decrease

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

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

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:**

First Identified: October 2015 **2017 Medicare Utilization:** 25,070

2007 Work RVU: 19.62 **2019 Work RVU:** 23.00
2007 NF PE RVU: 17.58 **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.32 **2019 Fac PE RVU:** 15.85

RUC Recommendation: 23.00

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

15736 **Muscle, myocutaneous, or fasciocutaneous flap; upper extremity**

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

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASSH, ASPS **First Identified:** January 2016 **2017 Medicare Utilization:** 1,456

2007 Work RVU: 16.92 **2019 Work RVU:** 17.04
2007 NF PE RVU: 17.17 **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.96 **2019 Fac PE RVU:** 15.12

RUC Recommendation: 17.04 **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity**

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

Most Recent RUC Meeting: April 2016 **Tab** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2016 **2017 Medicare Utilization:** 6,214

2007 Work RVU: 18.92 **2019 Work RVU:** 19.04
2007 NF PE RVU: 17.04 **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.45 **2019 Fac PE RVU:** 15.15

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

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

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

Most Recent RUC Meeting: April 2008 **Tab** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,960

2007 Work RVU: 11.57 **2019 Work RVU:** 11.80
2007 NF PE RVU: 11.01 **2019 NF PE RVU:** 15.22
2007 Fac PE RVU 8.58 **2019 Fac PE RVU:** 10.66

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2011 **Tab** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS

First Identified: April 2011 **2017 Medicare Utilization:** 7,833

2007 Work RVU: **2019 Work RVU:** 3.65
2007 NF PE RVU: **2019 NF PE RVU:** 1.96
2007 Fac PE RVU **2019 Fac PE RVU:** 1.96

RUC Recommendation: 3.65

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 33 **Specialty Developing Recommendation:** AAO

First Identified: October 2009 **2017 Medicare Utilization:** 92,767

2007 Work RVU: 8.12 **2019 Work RVU:** 6.81
2007 NF PE RVU: 7.8 **2019 NF PE RVU:** 10.00
2007 Fac PE RVU 6.41 **2019 Fac PE RVU:** 8.14

RUC Recommendation: 6.81

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

Result: Decrease

15X00

Global: **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** AAOHNS, ASPS

First Identified: May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 6.68. Flagged for RAW review April 2022.

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

15X01

Global: **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 6.73 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

15X02

Global: **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

15X03

Global: **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 6.83 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

15X04

Global: **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.41 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)** **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, **First Identified:** October 2009 **2017 Medicare Utilization:** 16,846

2007 Work RVU: 0.80 **2019 Work RVU:** 0.71
2007 NF PE RVU: 1.25 **2019 NF PE RVU:** 1.51
2007 Fac PE RVU 0.58 **2019 Fac PE RVU:**0.74

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

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)** **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, **First Identified:** October 2009 **2017 Medicare Utilization:** 1,993

2007 Work RVU: 1.85 **2019 Work RVU:** 1.74
2007 NF PE RVU: 1.72 **2019 NF PE RVU:** 2.26
2007 Fac PE RVU 0.94 **2019 Fac PE RVU:**1.16

RUC Recommendation: 1.85 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)** **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, **First Identified:** February 2010 **2017 Medicare Utilization:** 958

2007 Work RVU: 2.08 **2019 Work RVU:** 2.08
2007 NF PE RVU: 2.12 **2019 NF PE RVU:** 2.98
2007 Fac PE RVU 1.08 **2019 Fac PE RVU:**1.40

RUC Recommendation: CPT Assistant article published. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

Status Report: CMS Requests and Relativity Assessment Issues

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2017 Medicare Utilization:** 5,797,425

2007 Work RVU: 0.62 **2019 Work RVU:** 0.61
2007 NF PE RVU: 1.08 **2019 NF PE RVU:** 1.16
2007 Fac PE RVU 0.59 **2019 Fac PE RVU:**0.84
Result: Decrease

RUC Recommendation: 0.61

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

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2017 Medicare Utilization:** 18,588,883

2007 Work RVU: 0.07 **2019 Work RVU:** 0.04
2007 NF PE RVU: 0.11 **2019 NF PE RVU:** 0.11
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:**0.02
Result: Decrease

RUC Recommendation: 0.04

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

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

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 17 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2017 Medicare Utilization:** 871,674

2007 Work RVU: 1.82 **2019 Work RVU:** 1.37
2007 NF PE RVU: 2.33 **2019 NF PE RVU:** 2.75
2007 Fac PE RVU 1.54 **2019 Fac PE RVU:**1.29
Result: Decrease

RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2017 Medicare Utilization:** 3,132

2007 Work RVU: 4.62 **2019 Work RVU:** 3.69
2007 NF PE RVU: 4.63 **2019 NF PE RVU:** 5.58
2007 Fac PE RVU 3.33 **2019 Fac PE RVU:** 3.73

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

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

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

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2017 Medicare Utilization:** 1,242

2007 Work RVU: 9.19 **2019 Work RVU:** 4.79
2007 NF PE RVU: 7.24 **2019 NF PE RVU:** 7.16
2007 Fac PE RVU 5.41 **2019 Fac PE RVU:** 4.66

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

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

Most Recent RUC Meeting: October 2008 **Tab** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2017 Medicare Utilization:** 4,516

2007 Work RVU: 13.22 **2019 Work RVU:** 7.49
2007 NF PE RVU: 9.34 **2019 NF PE RVU:** 9.74
2007 Fac PE RVU 7.49 **2019 Fac PE RVU:** 6.60

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2017 Medicare Utilization:** 2,235,056

2007 Work RVU: 0.67 **2019 Work RVU:** 0.70
2007 NF PE RVU: 1.66 **2019 NF PE RVU:** 2.34
2007 Fac PE RVU 0.74 **2019 Fac PE RVU:** 1.17

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

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

First Identified: April 2013 **2017 Medicare Utilization:** 112,300

2007 Work RVU: 0.94 **2019 Work RVU:** 0.97
2007 NF PE RVU: 1.83 **2019 NF PE RVU:** 2.61
2007 Fac PE RVU 0.89 **2019 Fac PE RVU:** 1.31

RUC Recommendation: Remove from screen

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

Result: Remove from screen

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

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

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

First Identified: October 2015 **2017 Medicare Utilization:** 184,631

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 1.25 **2019 NF PE RVU:** 1.74
2007 Fac PE RVU 0.35 **2019 Fac PE RVU:** 0.48

RUC Recommendation: CPT Assistant article published

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

Result:

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: October 2009 **2017 Medicare Utilization:** 134,235

2007 Work RVU: 1.19 **2019 Work RVU:** 1.22
2007 NF PE RVU: 1.84 **2019 NF PE RVU:** 2.72
2007 Fac PE RVU 0.9 **2019 Fac PE RVU:** 1.19

RUC Recommendation: 1.22

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2017 Medicare Utilization:** 270,666

2007 Work RVU: 1.60 **2019 Work RVU:** 1.63
2007 NF PE RVU: 2.13 **2019 NF PE RVU:** 3.15
2007 Fac PE RVU 1.09 **2019 Fac PE RVU:** 1.44

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2017 Medicare Utilization:** 52,970

2007 Work RVU: 1.51 **2019 Work RVU:** 1.54
2007 NF PE RVU: 2 **2019 NF PE RVU:** 2.91
2007 Fac PE RVU 1.05 **2019 Fac PE RVU:** 1.38

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2017 Medicare Utilization:** 81,299

2007 Work RVU: 1.79 **2019 Work RVU:** 1.82
2007 NF PE RVU: 2.24 **2019 NF PE RVU:** 3.25
2007 Fac PE RVU 1.18 **2019 Fac PE RVU:** 1.55

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

Status Report: CMS Requests and Relativity Assessment Issues

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2017 Medicare Utilization:** 95,019

2007 Work RVU: 1.74 **2019 Work RVU:** 1.77
2007 NF PE RVU: 2.12 **2019 NF PE RVU:** 3.06
2007 Fac PE RVU 1.16 **2019 Fac PE RVU:**1.51

RUC Recommendation: 1.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2017 Medicare Utilization:** 89,418

2007 Work RVU: 2.06 **2019 Work RVU:** 2.09
2007 NF PE RVU: 2.41 **2019 NF PE RVU:** 3.45
2007 Fac PE RVU 1.31 **2019 Fac PE RVU:**1.71

RUC Recommendation: 2.09 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2017 Medicare Utilization:** 749,546

2007 Work RVU: 6.20 **2019 Work RVU:** 6.20
2007 NF PE RVU: 10.79 **2019 NF PE RVU:** 11.85
2007 Fac PE RVU 3.16 **2019 Fac PE RVU:**3.69

RUC Recommendation: 6.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2017 Medicare Utilization:** 490,954

2007 Work RVU: 3.30 **2019 Work RVU:** 3.30
2007 NF PE RVU: 6.92 **2019 NF PE RVU:** 7.47
2007 Fac PE RVU 1.68 **2019 Fac PE RVU:**1.97

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 119,569

2007 Work RVU: 5.56 **2019 Work RVU:** 5.56
2007 NF PE RVU: 9.95 **2019 NF PE RVU:** 11.37
2007 Fac PE RVU 2.83 **2019 Fac PE RVU:**3.32

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2017 Medicare Utilization:** 53,838

2007 Work RVU: 3.06 **2019 Work RVU:** 3.06
2007 NF PE RVU: 6.41 **2019 NF PE RVU:** 7.24
2007 Fac PE RVU 1.55 **2019 Fac PE RVU:**1.83

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2012 **2017 Medicare Utilization:** 20,773

RUC Recommendation: 0.87

Referred to CPT

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

2007 Work RVU: 0.87 **2019 Work RVU:** 0.87
2007 NF PE RVU: 1.15 **2019 NF PE RVU:** 1.26
2007 Fac PE RVU 0.44 **2019 Fac PE RVU:** 0.52
Result: Maintain

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

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 1,854

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

Referred to CPT

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

2007 Work RVU: 3.74 **2019 Work RVU:** 3.83
2007 NF PE RVU: 6.39 **2019 NF PE RVU:** 8.83
2007 Fac PE RVU 2.76 **2019 Fac PE RVU:** 4.17
Result: PE Only

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012 **2017 Medicare Utilization:** 56,036

RUC Recommendation: 3.29

Referred to CPT October 2012

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

2007 Work RVU: **2019 Work RVU:** 3.29
2007 NF PE RVU: **2019 NF PE RVU:** 14.77
2007 Fac PE RVU **2019 Fac PE RVU:** 1.20
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 4,046

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 1.65
2007 NF PE RVU: **2019 NF PE RVU:** 13.20
2007 Fac PE RVU **2019 Fac PE RVU:** 0.61
Result: Decrease

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 110,385

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.10
2007 NF PE RVU: **2019 NF PE RVU:** 14.60
2007 Fac PE RVU **2019 Fac PE RVU:** 1.13
Result: Decrease

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 13,751

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

2007 Work RVU: **2019 Work RVU:** 1.55
2007 NF PE RVU: **2019 NF PE RVU:** 12.78
2007 Fac PE RVU **2019 Fac PE RVU:** 0.57
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 4,503

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.64
2007 NF PE RVU: **2019 NF PE RVU:** 23.43
2007 Fac PE RVU **2019 Fac PE RVU:** 1.34
Result: Decrease

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 922

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 1.82
2007 NF PE RVU: **2019 NF PE RVU:** 19.99
2007 Fac PE RVU **2019 Fac PE RVU:** 0.67
Result: Decrease

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:**

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

2007 Work RVU: 2.00 **2019 Work RVU:**
2007 NF PE RVU: 3.68 **2019 NF PE RVU:**
2007 Fac PE RVU 0.64 **2019 Fac PE RVU:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.69 **2019 Work RVU:**
2007 NF PE RVU: 11.01 **2019 NF PE RVU:**
2007 Fac PE RVU 1.18 **2019 Fac PE RVU:**

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 30,795

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** 4.72
2007 Fac PE RVU **2019 Fac PE RVU:** 0.73

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

19282 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 2,967

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 3.73
2007 Fac PE RVU **2019 Fac PE RVU:** 0.37

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

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 3,602

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

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** 5.52
2007 Fac PE RVU **2019 Fac PE RVU:** 0.72
Result: Decrease

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 395

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

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 4.74
2007 Fac PE RVU **2019 Fac PE RVU:** 0.37
Result: Decrease

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 22,325

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

2007 Work RVU: **2019 Work RVU:** 1.70
2007 NF PE RVU: **2019 NF PE RVU:** 11.92
2007 Fac PE RVU **2019 Fac PE RVU:** 0.63
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 1,574

2007 Work RVU: **2019 Work RVU:** 0.85
2007 NF PE RVU: **2019 NF PE RVU:** 10.97
2007 Fac PE RVU **2019 Fac PE RVU:** 0.31

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 273

2007 Work RVU: **2019 Work RVU:** 2.55
2007 NF PE RVU: **2019 NF PE RVU:** 20.52
2007 Fac PE RVU **2019 Fac PE RVU:** 0.94

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

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

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:** 71

2007 Work RVU: **2019 Work RVU:** 1.28
2007 NF PE RVU: **2019 NF PE RVU:** 17.27
2007 Fac PE RVU **2019 Fac PE RVU:** 0.48

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

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;** **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 1.27 **2019 Work RVU:**
2007 NF PE RVU: 2.81 **2019 NF PE RVU:**
2007 Fac PE RVU 0.41 **2019 Fac PE RVU:**

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

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

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.63 **2019 Work RVU:**
2007 NF PE RVU: 1.17 **2019 NF PE RVU:**
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 2.57 **2019 NF PE RVU:**
2007 Fac PE RVU 2.02 **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2017 Medicare Utilization:** 23,014

2007 Work RVU: 15.67 **2019 Work RVU:** 15.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.52 **2019 Fac PE RVU:** 9.13
Result: Decrease

RUC Recommendation: 15.00

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

19318 **Reduction mammaplasty**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 7,693

2007 Work RVU: 15.91 **2019 Work RVU:** 16.03
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.94 **2019 Fac PE RVU:** 12.81
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

19340 **Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction**

Global: 090 **Issue:** Insertion of Breast Prosthesis **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 10 **Specialty Developing Recommendation:** ASPS **First Identified:** October 2009 **2017 Medicare Utilization:** 5,198

2007 Work RVU: 6.32 **2019 Work RVU:** 13.99
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.07 **2019 Fac PE RVU:** 12.17
Result: Decrease

RUC Recommendation: 13.99

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

Status Report: CMS Requests and Relativity Assessment Issues

19357 **Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion**

Global: 090 **Issue:** Breast Reconstruction **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 6,769

2007 Work RVU: 20.57 **2019 Work RVU:** 18.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 15.69 **2019 Fac PE RVU:** 21.51

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

20000 **Deleted from CPT**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 2.14 **2019 Work RVU:**
2007 NF PE RVU: 2.71 **2019 NF PE RVU:**
2007 Fac PE RVU 1.68 **2019 Fac PE RVU:**

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

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

Global: 010 **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 3,960

2007 Work RVU: 3.55 **2019 Work RVU:**
2007 NF PE RVU: 3.54 **2019 NF PE RVU:**
2007 Fac PE RVU 2.2 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20220 **Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2017 Medicare Utilization:** 11,690

2007 Work RVU: 1.27 **2019 Work RVU:** 1.27
2007 NF PE RVU: 4.07 **2019 NF PE RVU:** 3.41
2007 Fac PE RVU 0.75 **2019 Fac PE RVU:**0.68

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2017 Medicare Utilization:** 14,084

2007 Work RVU: 1.87 **2019 Work RVU:** 1.87
2007 NF PE RVU: 21.49 **2019 NF PE RVU:** 12.66
2007 Fac PE RVU 1.1 **2019 Fac PE RVU:**1.02

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

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

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2017 Medicare Utilization:** 5,289

2007 Work RVU: 3.25 **2019 Work RVU:** 2.61
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2019 Fac PE RVU:**1.35

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

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

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2017 Medicare Utilization:** 4,159

2007 Work RVU: 8.77 **2019 Work RVU:** 6.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2019 Fac PE RVU:**3.13

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated** **Global:** 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,808

2007 Work RVU: 3.51 **2019 Work RVU:** 3.54
2007 NF PE RVU: 8.62 **2019 NF PE RVU:** 9.47
2007 Fac PE RVU 2.52 **2019 Fac PE RVU:**2.95

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2017 Medicare Utilization:** 91,379

2007 Work RVU: 0.94 **2019 Work RVU:** 0.94
2007 NF PE RVU: 0.93 **2019 NF PE RVU:** 1.10
2007 Fac PE RVU 0.5 **2019 Fac PE RVU:**0.56

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

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2017 Medicare Utilization:** 835,008

2007 Work RVU: 0.75 **2019 Work RVU:** 0.75
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU 0.25 **2019 Fac PE RVU:**0.29

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2017 Medicare Utilization:** 205,277

2007 Work RVU: 0.75 **2019 Work RVU:** 0.75
2007 NF PE RVU: 0.67 **2019 NF PE RVU:** 0.70
2007 Fac PE RVU 0.32 **2019 Fac PE RVU:**0.32

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

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)**

Global: 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2017 Medicare Utilization:** 371,201

2007 Work RVU: 0.66 **2019 Work RVU:** 0.66
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.84
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles**

Global: 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2017 Medicare Utilization:** 345,854

2007 Work RVU: 0.75 **2019 Work RVU:** 0.75
2007 NF PE RVU: 0.78 **2019 NF PE RVU:** 0.98
2007 Fac PE RVU 0.23 **2019 Fac PE RVU:**0.41

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2017 Medicare Utilization:** 427,014

2007 Work RVU: 0.66 **2019 Work RVU:** 0.66
2007 NF PE RVU: 0.66 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU 0.34 **2019 Fac PE RVU:**0.29

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

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2017 Medicare Utilization:** 39,807

2007 Work RVU: **2019 Work RVU:** 0.89
2007 NF PE RVU: **2019 NF PE RVU:** 1.11
2007 Fac PE RVU **2019 Fac PE RVU:**0.35

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2017 Medicare Utilization:** 479,857

2007 Work RVU: 0.68 **2019 Work RVU:** 0.68
2007 NF PE RVU: 0.76 **2019 NF PE RVU:** 0.68
2007 Fac PE RVU 0.35 **2019 Fac PE RVU:**0.31

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2017 Medicare Utilization:** 52,340

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.20
2007 Fac PE RVU **2019 Fac PE RVU:** 0.41

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

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2017 Medicare Utilization:** 6,709,181

2007 Work RVU: 0.79 **2019 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2019 NF PE RVU:** 0.80
2007 Fac PE RVU 0.42 **2019 Fac PE RVU:** 0.41

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

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

Most Recent RUC Meeting: January 2014 **Tab** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2017 Medicare Utilization:** 995,488

2007 Work RVU: **2019 Work RVU:** 1.10
2007 NF PE RVU: **2019 NF PE RVU:** 1.36
2007 Fac PE RVU **2019 Fac PE RVU:** 0.50

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

Status Report: CMS Requests and Relativity Assessment Issues

20612 **Aspiration and/or injection of ganglion cyst(s) any location** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2017 Medicare Utilization:** 26,265

2007 Work RVU: 0.70 **2019 Work RVU:** 0.70
2007 NF PE RVU: 0.71 **2019 NF PE RVU:** 0.92
2007 Fac PE RVU 0.35 **2019 Fac PE RVU:**0.41

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

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2017 Medicare Utilization:** 56,183

2007 Work RVU: 5.90 **2019 Work RVU:** 5.96
2007 NF PE RVU: 8.63 **2019 NF PE RVU:** 10.66
2007 Fac PE RVU 3.82 **2019 Fac PE RVU:**5.18

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)** **Global:** 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2017 Medicare Utilization:** 3,090

2007 Work RVU: 6.40 **2019 Work RVU:** 16.27
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2019 Fac PE RVU:**13.17

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 6,143

2007 Work RVU: 4.20 **2019 Work RVU:** 4.28
2007 NF PE RVU: 6.69 **2019 NF PE RVU:** 7.15
2007 Fac PE RVU 3.92 **2019 Fac PE RVU:** 4.67

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

206X0

Global: **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.50

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

Result: Increase

206X1

Global: **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.50

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

Result: Increase

206X2

Global: **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.60

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

206X3

Global: **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.13 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

206X4

Global: **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

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

206X5

Global: **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 4,030

2007 Work RVU: 5.77 **2019 Work RVU:** 3.00
2007 NF PE RVU: 8.65 **2019 NF PE RVU:** 8.21
2007 Fac PE RVU 5.5 **2019 Fac PE RVU:** 1.86

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

Status Report: CMS Requests and Relativity Assessment Issues

20902 **Bone graft, any donor area; major or large**

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2017 Medicare Utilization:** 4,695

2007 Work RVU: 7.98 **2019 Work RVU:** 4.58
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.63 **2019 Fac PE RVU:**2.75

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

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

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2017 Medicare Utilization:** 15,811

2007 Work RVU: 5.70 **2019 Work RVU:** 5.79
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.67 **2019 Fac PE RVU:**5.32

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted for 2020

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

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 615

2007 Work RVU: 5.59 **2019 Work RVU:** 9.89
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.85 **2019 Fac PE RVU:**8.69

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

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

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

Most Recent RUC Meeting: October 2010 **Tab** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2017 Medicare Utilization:** 3,428

2007 Work RVU: 11.07 **2019 Work RVU:** 10.03
2007 NF PE RVU: 12.32 **2019 NF PE RVU:** 13.17
2007 Fac PE RVU 9.21 **2019 Fac PE RVU:**9.37

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

Status Report: CMS Requests and Relativity Assessment Issues

21495 **Open treatment of hyoid fracture**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 6.55 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 8.73 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2017 Medicare Utilization:** 535

2007 Work RVU: 8.91 **2019 Work RVU:** 14.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.13 **2019 Fac PE RVU:**9.82

RUC Recommendation: 14.57

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: July 2013 **2017 Medicare Utilization:**

2007 Work RVU: 0.98 **2019 Work RVU:**
2007 NF PE RVU: 1.34 **2019 NF PE RVU:**
2007 Fac PE RVU 1.34 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

21805 **Open treatment of rib fracture without fixation, each**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 2.80 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.28 **2019 Fac PE RVU:**

RUC Recommendation: Referred to CPT for deletion

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

21810 **Treatment of rib fracture requiring external fixation (flail chest)** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 6.92 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.03 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs** **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2017 Medicare Utilization:** 352

2007 Work RVU: **2019 Work RVU:** 10.79
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.00

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs** **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2017 Medicare Utilization:** 339

2007 Work RVU: **2019 Work RVU:** 13.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 5.17

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs** **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2017 Medicare Utilization:** 61

2007 Work RVU: **2019 Work RVU:** 17.61
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.79

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2017 Medicare Utilization:** 208

2007 Work RVU: 1.31 **2019 Work RVU:** 1.36
2007 NF PE RVU: 1.82 **2019 NF PE RVU:** 2.48
2007 Fac PE RVU 1.77 **2019 Fac PE RVU:**2.50

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT October 2013 **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

21825 **Open treatment of sternum fracture with or without skeletal fixation**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2017 Medicare Utilization:** 916

2007 Work RVU: 7.65 **2019 Work RVU:** 7.76
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.16 **2019 Fac PE RVU:**6.07

RUC Recommendation: Unrelated to the family

Referred to CPT October 2013 **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 371

2007 Work RVU: 18.38 **2019 Work RVU:** 15.72
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.37 **2019 Fac PE RVU:**10.44

RUC Recommendation: 15.54

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

Status Report: CMS Requests and Relativity Assessment Issues

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2017 Medicare Utilization:** 5,633

2007 Work RVU: 20.77 **2019 Work RVU:** 21.02
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.53 **2019 Fac PE RVU:** 16.58

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

22305 **Closed treatment of vertebral process fracture(s)**

Global: 090 **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2017 Medicare Utilization:**

2007 Work RVU: 2.08 **2019 Work RVU:**
2007 NF PE RVU: 2.27 **2019 NF PE RVU:**
2007 Fac PE RVU 1.89 **2019 Fac PE RVU:**

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

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 06 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2017 Medicare Utilization:** 8,099

2007 Work RVU: 3.69 **2019 Work RVU:** 3.89
2007 NF PE RVU: 2.85 **2019 NF PE RVU:** 4.12
2007 Fac PE RVU 2.4 **2019 Fac PE RVU:** 3.47

RUC Recommendation: 3.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:** 4,587

2007 Work RVU: **2019 Work RVU:** 7.90
2007 NF PE RVU: **2019 NF PE RVU:** 40.98
2007 Fac PE RVU **2019 Fac PE RVU:** 3.69

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:** 4,691

2007 Work RVU: **2019 Work RVU:** 7.33
2007 NF PE RVU: **2019 NF PE RVU:** 41.11
2007 Fac PE RVU **2019 Fac PE RVU:** 3.54

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:** 2,894

2007 Work RVU: **2019 Work RVU:** 4.00
2007 NF PE RVU: **2019 NF PE RVU:** 21.04
2007 Fac PE RVU **2019 Fac PE RVU:** 1.43

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:** 23,785

2007 Work RVU: **2019 Work RVU:** 8.65
2007 NF PE RVU: **2019 NF PE RVU:** 185.31
2007 Fac PE RVU **2019 Fac PE RVU:** 4.72

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:** 26,101

2007 Work RVU: **2019 Work RVU:** 7.99
2007 NF PE RVU: **2019 NF PE RVU:** 185.46
2007 Fac PE RVU **2019 Fac PE RVU:** 4.48

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:** 15,163

2007 Work RVU: **2019 Work RVU:** 4.00
2007 NF PE RVU: **2019 NF PE RVU:** 108.36
2007 Fac PE RVU **2019 Fac PE RVU:** 1.67

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:**

2007 Work RVU: 9.17 **2019 Work RVU:**
2007 NF PE RVU: 56.83 **2019 NF PE RVU:**
2007 Fac PE RVU 4.84 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 8.60 **2019 Work RVU:**
2007 NF PE RVU: 52.87 **2019 NF PE RVU:**
2007 Fac PE RVU 4.69 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:**

2007 Work RVU: 4.30 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.59 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 9.21 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.6 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 8.81 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.4 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 4.47 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.12 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

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

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2017 Medicare Utilization:** 1,024

2007 Work RVU: 24.61 **2019 Work RVU:** 24.79
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.57 **2019 Fac PE RVU:** 17.25

RUC Recommendation: Remove from screen. CPT Assistant article published.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2017 Medicare Utilization:** 39,144

2007 Work RVU: **2019 Work RVU:** 25.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 16.63

RUC Recommendation: 24.50

Referred to CPT October 2009

Result: Decrease

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

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2017 Medicare Utilization:** 34,352

2007 Work RVU: **2019 Work RVU:** 6.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.07

RUC Recommendation: 6.50

Referred to CPT October 2009

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2017 Medicare Utilization:** 4,968

2007 Work RVU: 17.54 **2019 Work RVU:** 17.69
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.97 **2019 Fac PE RVU:** 13.30

RUC Recommendation: 17.69 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2017 Medicare Utilization:** 17,553

2007 Work RVU: 23.33 **2019 Work RVU:** 23.53
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.86 **2019 Fac PE RVU:** 14.86

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2017 Medicare Utilization:** 15,947

2007 Work RVU: 5.52 **2019 Work RVU:** 5.52
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.62 **2019 Fac PE RVU:** 2.51

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

Status Report: CMS Requests and Relativity Assessment Issues

22612 **Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2017 Medicare Utilization:** 45,407

2007 Work RVU: 23.38 **2019 Work RVU:** 23.53
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.83 **2019 Fac PE RVU:** 16.11

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT October 2010

Result: Maintain

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

22614 **Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2017 Medicare Utilization:** 132,234

2007 Work RVU: 6.43 **2019 Work RVU:** 6.43
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2019 Fac PE RVU:** 3.07

RUC Recommendation: 6.43

Referred to CPT

Result: Decrease

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

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2017 Medicare Utilization:** 6,389

2007 Work RVU: 21.89 **2019 Work RVU:** 22.09
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.39 **2019 Fac PE RVU:** 16.22

RUC Recommendation: 22.09

Referred to CPT October 2010

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2017 Medicare Utilization:** 2,236

RUC Recommendation: 5.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.22 **2019 Work RVU:** 5.22
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.51 **2019 Fac PE RVU:** 2.45
Result: Decrease

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2017 Medicare Utilization:** 36,629

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 27.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 17.93
Result: Decrease

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2017 Medicare Utilization:** 13,975

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 8.16
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.88
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2017 Medicare Utilization:** 7,660

2007 Work RVU: 13.44 **2019 Work RVU:** 13.44
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.28 **2019 Fac PE RVU:** 6.44

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

22849 **Reinsertion of spinal fixation device**

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

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2017 Medicare Utilization:** 4,699

2007 Work RVU: 19.08 **2019 Work RVU:** 19.17
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.39 **2019 Fac PE RVU:** 13.20

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 6.70 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.18 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2017 Medicare Utilization:** 2,892

2007 Work RVU: **2019 Work RVU:** 5.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.62

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2017 Medicare Utilization:** 2,157

2007 Work RVU: **2019 Work RVU:** 13.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 10.74

RUC Recommendation: 4.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2017 Medicare Utilization:** 522

2007 Work RVU: **2019 Work RVU:** 4.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.87

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

Status Report: CMS Requests and Relativity Assessment Issues

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2017 Medicare Utilization:** 821

RUC Recommendation: 8.21

Referred to CPT June 2008

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

2007 Work RVU: 6.14 **2019 Work RVU:** 8.32

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 3.3 **2019 Fac PE RVU:** 6.07

Result: Increase

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2017 Medicare Utilization:** 639

RUC Recommendation: 7.28

Referred to CPT June 2008

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

2007 Work RVU: 7.77 **2019 Work RVU:** 7.41

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 5.5 **2019 Fac PE RVU:** 6.59

Result: Decrease

23120 **Claviculectomy; partial**

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

Most Recent RUC Meeting: April 2008 **Tab** 30 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2017 Medicare Utilization:** 7,588

RUC Recommendation: 7.23

Referred to CPT

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

2007 Work RVU: 7.23 **2019 Work RVU:** 7.39

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 6.22 **2019 Fac PE RVU:** 7.97

Result: Maintain

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 2,487

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

2007 Work RVU: 7.63 **2019 Work RVU:** 7.77

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 6.88 **2019 Fac PE RVU:** 8.27

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2017 Medicare Utilization:** 37,001

2007 Work RVU: 1.00 **2019 Work RVU:** 1.00
2007 NF PE RVU: 3.23 **2019 NF PE RVU:** 2.88
2007 Fac PE RVU 0.32 **2019 Fac PE RVU:**0.38

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

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

23405 **Tenotomy, shoulder area; single tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 2,643

2007 Work RVU: 8.43 **2019 Work RVU:** 8.54
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.69 **2019 Fac PE RVU:**7.66

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

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

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

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

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 3,656

2007 Work RVU: 12.63 **2019 Work RVU:** 11.39
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.02 **2019 Fac PE RVU:**10.02

RUC Recommendation: 11.23 **Referred to CPT** **Result:** Decrease

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

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 14,060

2007 Work RVU: 13.55 **2019 Work RVU:** 11.93
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.49 **2019 Fac PE RVU:**10.28

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

23415 **Coracoacromial ligament release, with or without acromioplasty** **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 647

RUC Recommendation: 9.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 10.09 **2019 Work RVU:** 9.23
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.65 **2019 Fac PE RVU:** 9.00
Result: Decrease

23420 **Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)** **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 3,171

RUC Recommendation: 13.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 14.75 **2019 Work RVU:** 13.54
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.59 **2019 Fac PE RVU:** 11.74
Result: Decrease

23430 **Tenodesis of long tendon of biceps** **Global:** 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 18,462

RUC Recommendation: 10.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 10.05 **2019 Work RVU:** 10.17
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.78 **2019 Fac PE RVU:** 9.30
Result: Maintain

23440 **Resection or transplantation of long tendon of biceps** **Global:** 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,479

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 10.53 **2019 Work RVU:** 10.64
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.91 **2019 Fac PE RVU:** 9.01
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2017 Medicare Utilization:** 53,661

2007 Work RVU: 22.47 **2019 Work RVU:** 22.13
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.89 **2019 Fac PE RVU:**15.57

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

23540 **Closed treatment of acromioclavicular dislocation; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 423

2007 Work RVU: 2.28 **2019 Work RVU:** 2.36
2007 NF PE RVU: 2.8 **2019 NF PE RVU:** 3.78
2007 Fac PE RVU 2.43 **2019 Fac PE RVU:**3.80

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation** **Global:** 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2017 Medicare Utilization:** 33,877

2007 Work RVU: 3.00 **2019 Work RVU:** 3.00
2007 NF PE RVU: 4.43 **2019 NF PE RVU:** 5.83
2007 Fac PE RVU 3.58 **2019 Fac PE RVU:**5.28

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

23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 196

2007 Work RVU: 3.99 **2019 Work RVU:** 4.10
2007 NF PE RVU: 4.82 **2019 NF PE RVU:** 6.06
2007 Fac PE RVU 4.19 **2019 Fac PE RVU:**5.23

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 14,587

2007 Work RVU: 3.44 **2019 Work RVU:** 3.53
2007 NF PE RVU: 3.65 **2019 NF PE RVU:** 5.04
2007 Fac PE RVU 2.77 **2019 Fac PE RVU:**4.23

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 2,638

2007 Work RVU: 4.64 **2019 Work RVU:** 4.76
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.17 **2019 Fac PE RVU:**5.90

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 631

2007 Work RVU: 4.54 **2019 Work RVU:** 4.66
2007 NF PE RVU: 5.21 **2019 NF PE RVU:** 6.72
2007 Fac PE RVU 4.61 **2019 Fac PE RVU:**5.83

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 941

2007 Work RVU: 5.25 **2019 Work RVU:** 5.39
2007 NF PE RVU: 6.42 **2019 NF PE RVU:** 7.87
2007 Fac PE RVU 5.27 **2019 Fac PE RVU:**6.46

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

24600 **Treatment of closed elbow dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 1,344

2007 Work RVU: 4.28 **2019 Work RVU:** 4.37
2007 NF PE RVU: 4.61 **2019 NF PE RVU:** 5.51
2007 Fac PE RVU 3.45 **2019 Fac PE RVU:**4.55

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

24605 **Treatment of closed elbow dislocation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 452

2007 Work RVU: 5.50 **2019 Work RVU:** 5.64
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.26 **2019 Fac PE RVU:**6.84

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

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

Most Recent RUC Meeting: October 2010 **Tab** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS

First Identified: September 2007 **2017 Medicare Utilization:** 969

RUC Recommendation: 7.56

Referred to CPT

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

2007 Work RVU: 7.38 **2019 Work RVU:** 7.56
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2019 Fac PE RVU:**8.37
Result: Maintain

25210 **Carpectomy; 1 bone**

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 2,622

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

2007 Work RVU: 6.01 **2019 Work RVU:** 6.12
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2019 Fac PE RVU:**6.85
Result: PE Only

25260 **Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle**

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

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

First Identified: September 2007 **2017 Medicare Utilization:** 1,192

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

2007 Work RVU: 7.89 **2019 Work RVU:** 8.04
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.3 **2019 Fac PE RVU:**8.60
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,642

2007 Work RVU: 7.28 **2019 Work RVU:** 7.39
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.6 **2019 Fac PE RVU:**7.52

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

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

Most Recent RUC Meeting: February 2008 **Tab** 15 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 7,625

2007 Work RVU: 8.26 **2019 Work RVU:** 8.08
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.99 **2019 Fac PE RVU:**8.29

RUC Recommendation: 7.94

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

Result: Decrease

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 791

2007 Work RVU: 5.71 **2019 Work RVU:** 5.85
2007 NF PE RVU: 6.52 **2019 NF PE RVU:** 7.87
2007 Fac PE RVU 5.32 **2019 Fac PE RVU:**6.41

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 19,919

2007 Work RVU: 7.02 **2019 Work RVU:** 6.25
2007 NF PE RVU: 7.15 **2019 NF PE RVU:** 8.12
2007 Fac PE RVU 6.21 **2019 Fac PE RVU:**7.24

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2017 Medicare Utilization:** 2,569

2007 Work RVU: 8.10 **2019 Work RVU:** 8.31
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.41 **2019 Fac PE RVU:**9.10

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2017 Medicare Utilization:** 9,058

2007 Work RVU: 9.35 **2019 Work RVU:** 9.56
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.26 **2019 Fac PE RVU:**9.76

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2017 Medicare Utilization:** 6,998

2007 Work RVU: 10.86 **2019 Work RVU:** 11.07
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.88 **2019 Fac PE RVU:** 10.54

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2017 Medicare Utilization:** 16,510

2007 Work RVU: 14.12 **2019 Work RVU:** 14.38
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.77 **2019 Fac PE RVU:** 13.10

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 389

2007 Work RVU: 4.75 **2019 Work RVU:** 4.89
2007 NF PE RVU: 5.46 **2019 NF PE RVU:** 6.89
2007 Fac PE RVU 4.53 **2019 Fac PE RVU:** 5.72

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26020 **Drainage of tendon sheath, digit and/or palm, each** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2017 Medicare Utilization:** 2,423

2007 Work RVU: 4.97 **2019 Work RVU:** 5.08
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.21 **2019 Fac PE RVU:**6.45

RUC Recommendation: 7.79 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

26055 **Tendon sheath incision (eg, for trigger finger)** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2017 Medicare Utilization:** 93,835

2007 Work RVU: 3.00 **2019 Work RVU:** 3.11
2007 NF PE RVU: 13.02 **2019 NF PE RVU:** 12.49
2007 Fac PE RVU 3.92 **2019 Fac PE RVU:**5.22

RUC Recommendation: 3.75 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each** **Global:** 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,885

2007 Work RVU: 4.36 **2019 Work RVU:** 4.47
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2019 Fac PE RVU:**5.97

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2017 Medicare Utilization:** 16,224

2007 Work RVU: 3.46 **2019 Work RVU:** 3.57
2007 NF PE RVU: 11.53 **2019 NF PE RVU:** 12.44
2007 Fac PE RVU 4.08 **2019 Fac PE RVU:**5.37

RUC Recommendation: 3.57 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2017 Medicare Utilization:** 1,191

2007 Work RVU: 10.22 **2019 Work RVU:** 9.56
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 17.22 **2019 Fac PE RVU:** 11.53

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

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2017 Medicare Utilization:** 55

2007 Work RVU: 8.65 **2019 Work RVU:** 11.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 14.29 **2019 Fac PE RVU:** 12.32

RUC Recommendation: 11.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2017 Medicare Utilization:** 66

2007 Work RVU: 9.22 **2019 Work RVU:** 12.60
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 15.19 **2019 Fac PE RVU:** 13.13

RUC Recommendation: 13.10 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Tendon Transfer **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 26 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** October 2008 **2017 Medicare Utilization:** 9,326

2007 Work RVU: 6.76 **2019 Work RVU:** 6.90
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.68 **2019 Fac PE RVU:**13.08

RUC Recommendation: 6.76 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 525

2007 Work RVU: 3.74 **2019 Work RVU:** 3.83
2007 NF PE RVU: 3.65 **2019 NF PE RVU:** 4.98
2007 Fac PE RVU 2.89 **2019 Fac PE RVU:**4.33

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 7,293

2007 Work RVU: 1.74 **2019 Work RVU:** 1.80
2007 NF PE RVU: 2.42 **2019 NF PE RVU:** 3.18
2007 Fac PE RVU 2.07 **2019 Fac PE RVU:**3.21

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015 **2017 Medicare Utilization:** 492

2007 Work RVU: 3.15 **2019 Work RVU:** 3.23
2007 NF PE RVU: 4.27 **2019 NF PE RVU:** 5.25
2007 Fac PE RVU 3 **2019 Fac PE RVU:** 4.03

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015 **2017 Medicare Utilization:** 5,695

2007 Work RVU: 3.07 **2019 Work RVU:** 3.15
2007 NF PE RVU: 3.3 **2019 NF PE RVU:** 4.36
2007 Fac PE RVU 2.44 **2019 Fac PE RVU:** 3.71

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 05 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2017 Medicare Utilization:** 381

2007 Work RVU: 6.44 **2019 Work RVU:** 8.85
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.76 **2019 Fac PE RVU:** 6.86

RUC Recommendation: 8.74

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification** **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,668

2007 Work RVU: 5.66 **2019 Work RVU:** 5.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.05 **2019 Fac PE RVU:** 6.19

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed** **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2017 Medicare Utilization:** 454,308

2007 Work RVU: 1.40 **2019 Work RVU:** 1.48
2007 NF PE RVU: 3.88 **2019 NF PE RVU:** 2.96
2007 Fac PE RVU 0.33 **2019 Fac PE RVU:** 0.78

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2017 Medicare Utilization:** 155,206

2007 Work RVU: 21.61 **2019 Work RVU:** 20.72
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.96 **2019 Fac PE RVU:** 14.34

RUC Recommendation: 21.79 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2017 Medicare Utilization:** 11,144

2007 Work RVU: 30.13 **2019 Work RVU:** 30.28
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 17.08 **2019 Fac PE RVU:** 19.10

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

Referred to CPT

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

Result: Maintain

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2017 Medicare Utilization:**

2007 Work RVU: 5.98 **2019 Work RVU:**
2007 NF PE RVU: 4.98 **2019 NF PE RVU:**
2007 Fac PE RVU 4.98 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Result: Deleted from CPT

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: 090 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 10.08 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 7.4 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2017 Medicare Utilization:** 13,334

2007 Work RVU: **2019 Work RVU:** 1.53
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.74

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

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2017 Medicare Utilization:** 334

2007 Work RVU: **2019 Work RVU:** 4.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.13

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation**

Global: 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2017 Medicare Utilization:** 3,303

2007 Work RVU: 6.72 **2019 Work RVU:** 6.83
2007 NF PE RVU: 5.61 **2019 NF PE RVU:** 7.16
2007 Fac PE RVU 5.52 **2019 Fac PE RVU:** 6.95

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 1,896

2007 Work RVU: 5.69 **2019 Work RVU:** 5.81
2007 NF PE RVU: 5.38 **2019 NF PE RVU:** 6.82
2007 Fac PE RVU 5.06 **2019 Fac PE RVU:** 6.65

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 255

2007 Work RVU: 11.66 **2019 Work RVU:** 11.72
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.88 **2019 Fac PE RVU:** 7.54

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement** **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2017 Medicare Utilization:** 57,428

2007 Work RVU: 17.43 **2019 Work RVU:** 17.61
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.85 **2019 Fac PE RVU:** 13.39

RUC Recommendation: 17.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 303

2007 Work RVU: 13.66 **2019 Work RVU:** 13.81
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.13 **2019 Fac PE RVU:** 11.06

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2017 Medicare Utilization:** 8,701

2007 Work RVU: 17.08 **2019 Work RVU:** 18.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.91 **2019 Fac PE RVU:** 13.71

RUC Recommendation: 18.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2017 Medicare Utilization:** 81,742

2007 Work RVU: 21.09 **2019 Work RVU:** 18.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.19 **2019 Fac PE RVU:** 13.70

RUC Recommendation: 18.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia** **Global:** 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2017 Medicare Utilization:** 3,263

2007 Work RVU: 7.21 **2019 Work RVU:** 3.82
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.54 **2019 Fac PE RVU:**0.77

RUC Recommendation: 3.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 951

2007 Work RVU: 10.92 **2019 Work RVU:** 11.03
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.21 **2019 Fac PE RVU:**8.63

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 8,238

2007 Work RVU: 5.12 **2019 Work RVU:** 5.24
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.59 **2019 Fac PE RVU:**5.46

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 6,243

2007 Work RVU: 7.67 **2019 Work RVU:** 7.78
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2019 Fac PE RVU:**7.41

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27279 **Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device**

Global: 090 **Issue:** Arthodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2017 Medicare Utilization:** 2,364

2007 Work RVU: **2019 Work RVU:** 9.03
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**8.44

RUC Recommendation: 9.03

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

Result: Maintain

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)**

Global: 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 770

2007 Work RVU: 4.95 **2019 Work RVU:** 5.04
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.1 **2019 Fac PE RVU:**5.41

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27369 **Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography**

Global: 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

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

2007 Work RVU: **2019 Work RVU:** 0.77

2007 NF PE RVU: **2019 NF PE RVU:** 3.20

2007 Fac PE RVU **2019 Fac PE RVU:** 0.31

RUC Recommendation: 0.96

Referred to CPT February 2018 **Result:** Maintain

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

27370 **Injection of contrast for knee arthrography**

Global: 000 **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2008 **2017 Medicare Utilization:** 137,829

2007 Work RVU: 0.96 **2019 Work RVU:**

2007 NF PE RVU: 3.47 **2019 NF PE RVU:**

2007 Fac PE RVU 0.32 **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted

Referred to CPT June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2017 Medicare Utilization:** 16,395

2007 Work RVU: 16.26 **2019 Work RVU:** 17.48
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.81 **2019 Fac PE RVU:** 12.53

RUC Recommendation: 17.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)** **Global:** 090 **Issue:** Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2017 Medicare Utilization:** 303,016

2007 Work RVU: 23.04 **2019 Work RVU:** 20.72
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 14.14 **2019 Fac PE RVU:** 14.32

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 434

2007 Work RVU: 11.24 **2019 Work RVU:** 11.36
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.82 **2019 Fac PE RVU:** 8.38

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 353

2007 Work RVU: 9.68 **2019 Work RVU:** 9.80
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.09 **2019 Fac PE RVU:**8.01

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27550 **Closed treatment of knee dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 853

2007 Work RVU: 5.84 **2019 Work RVU:** 5.98
2007 NF PE RVU: 5.84 **2019 NF PE RVU:** 7.80
2007 Fac PE RVU 4.85 **2019 Fac PE RVU:**6.71

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27552 **Closed treatment of knee dislocation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 318

2007 Work RVU: 8.04 **2019 Work RVU:** 8.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.75 **2019 Fac PE RVU:**8.27

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

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

Most Recent RUC Meeting: February 2009 **Tab** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 295

2007 Work RVU: 12.93 **2019 Work RVU:** 15.72
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.07 **2019 Fac PE RVU:** 10.73

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 681

2007 Work RVU: 8.47 **2019 Work RVU:** 6.91
2007 NF PE RVU: 9.65 **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.79 **2019 Fac PE RVU:** 5.37

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,530

2007 Work RVU: 12.10 **2019 Work RVU:** 12.24
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2019 Fac PE RVU:** 9.54

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2017 Medicare Utilization:** 920

2007 Work RVU: 9.73 **2019 Work RVU:** 9.84
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.96 **2019 Fac PE RVU:** 7.66

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2017 Medicare Utilization:** 2,554

2007 Work RVU: 9.94 **2019 Work RVU:** 9.21
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.22 **2019 Fac PE RVU:**8.31

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

27654 **Repair, secondary, Achilles tendon, with or without graft** **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 2,801

2007 Work RVU: 10.32 **2019 Work RVU:** 10.53
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2019 Fac PE RVU:**8.42

RUC Recommendation: 10.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 3,808

2007 Work RVU: 6.57 **2019 Work RVU:** 6.69
2007 NF PE RVU: 7.68 **2019 NF PE RVU:** 11.48
2007 Fac PE RVU 5.26 **2019 Fac PE RVU:**5.78

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

27687 **Gastrocnemius recession (eg, Strayer procedure)** **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 6,603

2007 Work RVU: 6.30 **2019 Work RVU:** 6.41
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.12 **2019 Fac PE RVU:**5.74

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,421

2007 Work RVU: 8.96 **2019 Work RVU:** 9.17
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.15 **2019 Fac PE RVU:**7.94

RUC Recommendation: 8.96 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 4,265

2007 Work RVU: 10.28 **2019 Work RVU:** 10.49
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.51 **2019 Fac PE RVU:**9.25

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 1,350

2007 Work RVU: 6.15 **2019 Work RVU:** 6.27
2007 NF PE RVU: 6.48 **2019 NF PE RVU:** 7.89
2007 Fac PE RVU 5.54 **2019 Fac PE RVU:**6.67

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 335

2007 Work RVU: 5.33 **2019 Work RVU:** 5.47
2007 NF PE RVU: 6.14 **2019 NF PE RVU:** 7.25
2007 Fac PE RVU 5.14 **2019 Fac PE RVU:**5.98

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2017 Medicare Utilization:** 6,806

2007 Work RVU: 7.91 **2019 Work RVU:** 8.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2019 Fac PE RVU:**8.30

RUC Recommendation: 9.71

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

Result: Maintain

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 2,874

2007 Work RVU: 5.20 **2019 Work RVU:** 5.32
2007 NF PE RVU: 6.05 **2019 NF PE RVU:** 7.16
2007 Fac PE RVU 5.02 **2019 Fac PE RVU:**5.88

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2017 Medicare Utilization:** 11,314

2007 Work RVU: 11.10 **2019 Work RVU:** 10.62
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.25 **2019 Fac PE RVU:**9.50

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

Result: Maintain

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

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2017 Medicare Utilization:** 3,050

2007 Work RVU: 5.57 **2019 Work RVU:** 5.69
2007 NF PE RVU: 6.14 **2019 NF PE RVU:** 7.27
2007 Fac PE RVU 5 **2019 Fac PE RVU:**5.80

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 694

2007 Work RVU: 6.60 **2019 Work RVU:** 6.69
2007 NF PE RVU: 6.42 **2019 NF PE RVU:** 7.76
2007 Fac PE RVU 5.25 **2019 Fac PE RVU:**6.29

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Result: PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

27840 **Closed treatment of ankle dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 2,186

2007 Work RVU: 4.65 **2019 Work RVU:** 4.77
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.73 **2019 Fac PE RVU:**5.22

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2017 Medicare Utilization:** 6,012

2007 Work RVU: 5.78 **2019 Work RVU:** 5.34
2007 NF PE RVU: 5.44 **2019 NF PE RVU:** 6.94
2007 Fac PE RVU 3.74 **2019 Fac PE RVU:**3.35

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

28111 **Ostectomy, complete excision; first metatarsal head** **Global:** 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,023

2007 Work RVU: 5.06 **2019 Work RVU:** 5.15
2007 NF PE RVU: 6.55 **2019 NF PE RVU:** 8.46
2007 Fac PE RVU 3.58 **2019 Fac PE RVU:**3.64

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

28118 **Ostectomy, calcaneus;** **Global:** 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 2,894

2007 Work RVU: 6.02 **2019 Work RVU:** 6.13
2007 NF PE RVU: 6.68 **2019 NF PE RVU:** 10.41
2007 Fac PE RVU 4.28 **2019 Fac PE RVU:**5.09

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 5,131

RUC Recommendation: 8.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.64 **2019 Work RVU:** 7.31
2007 NF PE RVU: 7.5 **2019 NF PE RVU:** 11.33
2007 Fac PE RVU 4.31 **2019 Fac PE RVU:**6.10
Result: Increase

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 14,356

RUC Recommendation: 7.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.56 **2019 Work RVU:** 6.76
2007 NF PE RVU: 7.27 **2019 NF PE RVU:** 9.84
2007 Fac PE RVU 5.17 **2019 Fac PE RVU:**5.22
Result: Maintain

28124 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 11,845

RUC Recommendation: Remove 99238 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.88 **2019 Work RVU:** 5.00
2007 NF PE RVU: 5.46 **2019 NF PE RVU:** 8.43
2007 Fac PE RVU 3.62 **2019 Fac PE RVU:**4.14
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

28285 **Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)**

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2017 Medicare Utilization:** 75,234

RUC Recommendation: 5.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.65 **2019 Work RVU:** 5.62
2007 NF PE RVU: 5.34 **2019 NF PE RVU:** 9.36
2007 Fac PE RVU 3.42 **2019 Fac PE RVU:**4.77
Result: Increase

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:** 4,699

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 8.11 **2019 Work RVU:** 6.90
2007 NF PE RVU: 8.37 **2019 NF PE RVU:** 13.41
2007 Fac PE RVU 5.68 **2019 Fac PE RVU:**5.63
Result: Decrease

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 5.72 **2019 Work RVU:**
2007 NF PE RVU: 6.75 **2019 NF PE RVU:**
2007 Fac PE RVU 4.55 **2019 Fac PE RVU:**
Result: Deleted from CPT

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:** 3,570

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 8.01
2007 NF PE RVU: **2019 NF PE RVU:** 12.36
2007 Fac PE RVU **2019 Fac PE RVU:**5.21
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:** 7,829

2007 Work RVU: 8.72 **2019 Work RVU:** 7.44
2007 NF PE RVU: 8.21 **2019 NF PE RVU:** 13.23
2007 Fac PE RVU 5.72 **2019 Fac PE RVU:**5.86

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 11.10 **2019 Work RVU:**
2007 NF PE RVU: 11.72 **2019 NF PE RVU:**
2007 Fac PE RVU 6.34 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 8.63 **2019 Work RVU:**
2007 NF PE RVU: 7.88 **2019 NF PE RVU:**
2007 Fac PE RVU 4.7 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:** 543

2007 Work RVU: **2019 Work RVU:** 8.57
2007 NF PE RVU: **2019 NF PE RVU:** 18.22
2007 Fac PE RVU **2019 Fac PE RVU:** 6.28

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28296 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2017 Medicare Utilization:** 11,442

2007 Work RVU: 9.31 **2019 Work RVU:** 8.25
2007 NF PE RVU: 8.54 **2019 NF PE RVU:** 17.37
2007 Fac PE RVU 5.29 **2019 Fac PE RVU:** 5.87

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28297 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:** 2,309

2007 Work RVU: 9.31 **2019 Work RVU:** 9.29
2007 NF PE RVU: 9.34 **2019 NF PE RVU:** 19.93
2007 Fac PE RVU 6.04 **2019 Fac PE RVU:** 7.01

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28298 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2017 Medicare Utilization:** 2,622

2007 Work RVU: 8.01 **2019 Work RVU:** 7.75
2007 NF PE RVU: 7.74 **2019 NF PE RVU:** 15.97
2007 Fac PE RVU 4.91 **2019 Fac PE RVU:**5.78

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28299 **Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2017 Medicare Utilization:** 4,823

2007 Work RVU: 11.39 **2019 Work RVU:** 9.29
2007 NF PE RVU: 9.24 **2019 NF PE RVU:** 18.98
2007 Fac PE RVU 6.01 **2019 Fac PE RVU:**6.59

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 2,422

2007 Work RVU: 9.61 **2019 Work RVU:** 9.73
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.81 **2019 Fac PE RVU:**7.52

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,782

2007 Work RVU: 5.48 **2019 Work RVU:** 5.57
2007 NF PE RVU: 6.2 **2019 NF PE RVU:** 9.64
2007 Fac PE RVU 3.53 **2019 Fac PE RVU:**4.18

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2017 Medicare Utilization:** 32,616

2007 Work RVU: 1.99 **2019 Work RVU:** 2.03
2007 NF PE RVU: 3.05 **2019 NF PE RVU:** 3.95
2007 Fac PE RVU 2.43 **2019 Fac PE RVU:**3.52

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia**

Global: 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 662

2007 Work RVU: 1.25 **2019 Work RVU:** 1.28
2007 NF PE RVU: 1.27 **2019 NF PE RVU:** 1.94
2007 Fac PE RVU 0.79 **2019 Fac PE RVU:**1.12

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

28725 **Arthrodesis; subtalar**

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

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 4,005

2007 Work RVU: 11.97 **2019 Work RVU:** 11.22
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.93 **2019 Fac PE RVU:**9.44

RUC Recommendation: 12.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;**

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

Most Recent RUC Meeting: February 2011 **Tab** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 3,131

2007 Work RVU: 12.21 **2019 Work RVU:** 10.70
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.32 **2019 Fac PE RVU:**8.86

RUC Recommendation: 12.42 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint**

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

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 3,751

2007 Work RVU: 9.09 **2019 Work RVU:** 9.29
2007 NF PE RVU: 10.89 **2019 NF PE RVU:** 13.80
2007 Fac PE RVU 6.37 **2019 Fac PE RVU:**7.39

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

28820 **Amputation, toe; metatarsophalangeal joint**

Global: 090 **Issue:** **Screen:** Site of Service Anomaly - 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:** 29,840

2007 Work RVU: 4.89 **2019 Work RVU:** 5.82
2007 NF PE RVU: 7.6 **2019 NF PE RVU:** 9.63
2007 Fac PE RVU 3.74 **2019 Fac PE RVU:**4.78

RUC Recommendation: Survey for April 2019

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

Result:

28825 **Amputation, toe; interphalangeal joint**

Global: 090 **Issue:** Partial Amputation of Toe **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 21 **Specialty Developing Recommendation:** AOFAS, ACS, APMA, AAOS, SVS **First Identified:** September 2007 **2017 Medicare Utilization:** 13,640

2007 Work RVU: 3.71 **2019 Work RVU:** 5.37
2007 NF PE RVU: 7.04 **2019 NF PE RVU:** 9.47
2007 Fac PE RVU 3.4 **2019 Fac PE RVU:**4.62

RUC Recommendation: 6.01

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

Result: Increase

29075 **Application, cast; elbow to finger (short arm)**

Global: 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2017 Medicare Utilization:** 70,190

2007 Work RVU: 0.77 **2019 Work RVU:** 0.77
2007 NF PE RVU: 1.25 **2019 NF PE RVU:** 1.56
2007 Fac PE RVU 0.68 **2019 Fac PE RVU:**0.87

RUC Recommendation: 0.77

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

29105 **Application of long arm splint (shoulder to hand)**

Global: 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2017 Medicare Utilization:** 26,017

2007 Work RVU: 0.87 **2019 Work RVU:** 0.80
2007 NF PE RVU: 1.2 **2019 NF PE RVU:** 1.42
2007 Fac PE RVU 0.52 **2019 Fac PE RVU:**0.47

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

29200 **Strapping; thorax**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2017 Medicare Utilization:** 14,105

2007 Work RVU: 0.65 **2019 Work RVU:** 0.39
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.50
2007 Fac PE RVU 0.34 **2019 Fac PE RVU:**0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

29220 **Deleted from CPT**

Global: 000 **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.64 **2019 Work RVU:**
2007 NF PE RVU: 0.69 **2019 NF PE RVU:**
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

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29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2017 Medicare Utilization:** 20,441

2007 Work RVU: 0.71 **2019 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2019 NF PE RVU:** 0.46
2007 Fac PE RVU 0.37 **2019 Fac PE RVU:**0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2017 Medicare Utilization:** 5,275

2007 Work RVU: 0.55 **2019 Work RVU:** 0.39
2007 NF PE RVU: 0.72 **2019 NF PE RVU:** 0.43
2007 Fac PE RVU 0.33 **2019 Fac PE RVU:**0.14

RUC Recommendation: 0.39

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

Result: Decrease

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: October 2013 **2017 Medicare Utilization:** 3,858

2007 Work RVU: 0.51 **2019 Work RVU:** 0.39
2007 NF PE RVU: 0.77 **2019 NF PE RVU:** 0.45
2007 Fac PE RVU 0.33 **2019 Fac PE RVU:**0.16

RUC Recommendation: 0.39

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

Result: Decrease

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS

First Identified: October 2015 **2017 Medicare Utilization:** 41,195

2007 Work RVU: 1.78 **2019 Work RVU:** 1.78
2007 NF PE RVU: 1.76 **2019 NF PE RVU:** 1.75
2007 Fac PE RVU 0.96 **2019 Fac PE RVU:**0.96

RUC Recommendation: 1.78

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

Result: Maintain

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2017 Medicare Utilization:** 15,742

2007 Work RVU: 0.54 **2019 Work RVU:** 0.39
2007 NF PE RVU: 0.81 **2019 NF PE RVU:** 0.56
2007 Fac PE RVU 0.45 **2019 Fac PE RVU:**0.14

RUC Recommendation: 0.39

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013 **2017 Medicare Utilization:** 29,526

2007 Work RVU: 0.57 **2019 Work RVU:** 0.39
2007 NF PE RVU: 0.75 **2019 NF PE RVU:** 0.45
2007 Fac PE RVU 0.34 **2019 Fac PE RVU:**0.13

RUC Recommendation: 0.39

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

Result: Decrease

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

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

First Identified: October 2009 **2017 Medicare Utilization:** 236,449

2007 Work RVU: 0.51 **2019 Work RVU:** 0.39
2007 NF PE RVU: 0.45 **2019 NF PE RVU:** 0.40
2007 Fac PE RVU 0.31 **2019 Fac PE RVU:**0.10

RUC Recommendation: 0.39

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

Result: Decrease

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

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

First Identified: February 2010 **2017 Medicare Utilization:** 55,029

2007 Work RVU: 0.47 **2019 Work RVU:** 0.25
2007 NF PE RVU: 0.46 **2019 NF PE RVU:** 0.28
2007 Fac PE RVU 0.29 **2019 Fac PE RVU:**0.06

RUC Recommendation: 0.25

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2017 Medicare Utilization:** 299,359

2007 Work RVU: 0.55 **2019 Work RVU:** 0.55
2007 NF PE RVU: 0.67 **2019 NF PE RVU:** 1.16
2007 Fac PE RVU 0.35 **2019 Fac PE RVU:**0.17

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2017 Medicare Utilization:** 174,758

2007 Work RVU: **2019 Work RVU:** 0.60
2007 NF PE RVU: **2019 NF PE RVU:** 1.85
2007 Fac PE RVU **2019 Fac PE RVU:**0.18

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

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2017 Medicare Utilization:** 6,023

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2017 Medicare Utilization:** 836

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted form CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 27 **Specialty Developing Recommendation:** APTA

First Identified: October 2015 **2017 Medicare Utilization:** 2,283

2007 Work RVU: **2019 Work RVU:** 0.35
2007 NF PE RVU: **2019 NF PE RVU:** 1.93
2007 Fac PE RVU **2019 Fac PE RVU:** 0.11

RUC Recommendation: Develop CPT Assistant Article

Referred to CPT **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29590 **Denis-Browne splint strapping**

Global: 000 **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 07 **Specialty Developing Recommendation:** APMA

First Identified: February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.76 **2019 Work RVU:**
2007 NF PE RVU: 0.54 **2019 NF PE RVU:**
2007 Fac PE RVU 0.29 **2019 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion

Referred to CPT February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS

First Identified: NA **2017 Medicare Utilization:** 636

2007 Work RVU: 5.94 **2019 Work RVU:** 6.03
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.44 **2019 Fac PE RVU:** 6.32

RUC Recommendation: No NF PE inputs

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

29822 **Arthroscopy, shoulder, surgical; debridement, limited**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAOS

First Identified: October 2008 **2017 Medicare Utilization:** 12,734

2007 Work RVU: 7.49 **2019 Work RVU:** 7.60
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.43 **2019 Fac PE RVU:** 7.49

RUC Recommendation: Refer to CPT

Referred to CPT Setpember 2019 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29823 **Arthroscopy, shoulder, surgical; debridement, extensive**

Global: 090 **Issue:**

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAOS

First Identified: October 2012 **2017 Medicare Utilization:** 44,909

2007 Work RVU: 8.24 **2019 Work RVU:** 8.36

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 6.94 **2019 Fac PE RVU:** 8.05

RUC Recommendation: Refer to CPT

Referred to CPT Setpember 2019

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

Result:

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW

Screen: Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2017 Medicare Utilization:** 40,217

2007 Work RVU: 8.82 **2019 Work RVU:** 8.98

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 7.3 **2019 Fac PE RVU:** 8.72

RUC Recommendation: 8.82

Referred to CPT

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

Result: Maintain

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW

Screen: Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2017 Medicare Utilization:** 80,387

2007 Work RVU: 9.05 **2019 Work RVU:** 3.00

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 7.21 **2019 Fac PE RVU:** 1.49

RUC Recommendation: 3.00

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2017 Medicare Utilization:** 67,344

2007 Work RVU: 15.44 **2019 Work RVU:** 15.59
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.01 **2019 Fac PE RVU:** 12.24

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

Result: Maintain

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2017 Medicare Utilization:** 15,530

2007 Work RVU: **2019 Work RVU:** 13.16
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 10.77

RUC Recommendation: 13.16

Referred to CPT

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

Result: Maintain

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2017 Medicare Utilization:** 94

2007 Work RVU: 5.80 **2019 Work RVU:** 5.88
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2019 Fac PE RVU:** 6.15

RUC Recommendation: No NF PE inputs

Referred to CPT

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2017 Medicare Utilization:** 113

2007 Work RVU: 5.59 **2019 Work RVU:** 5.68
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.16 **2019 Fac PE RVU:**6.24

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2017 Medicare Utilization:** 1,114

2007 Work RVU: 5.11 **2019 Work RVU:** 5.19
2007 NF PE RVU: NA **2019 NF PE RVU:** 10.22
2007 Fac PE RVU 4.72 **2019 Fac PE RVU:**5.56

RUC Recommendation: New PE non-facility inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

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

Most Recent RUC Meeting: April 2008 **Tab** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,355

2007 Work RVU: 14.14 **2019 Work RVU:** 14.30
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2019 Fac PE RVU:**11.27

RUC Recommendation: 14.14 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2017 Medicare Utilization:**

2007 Work RVU: 5.74 **2019 Work RVU:** 5.88
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2019 Fac PE RVU:**7.23

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

30140 **Submucous resection inferior turbinate, partial or complete, any method** **Global:** 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2017 Medicare Utilization:** 44,040

2007 Work RVU: 3.48 **2019 Work RVU:** 3.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 4.50
2007 Fac PE RVU 6.29 **2019 Fac PE RVU:** 1.70

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

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)** **Global:** 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 4,038

2007 Work RVU: 12.20 **2019 Work RVU:** 12.36
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.58 **2019 Fac PE RVU:** 13.97

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2017 Medicare Utilization:** 95,691

2007 Work RVU: 1.21 **2019 Work RVU:** 1.10
2007 NF PE RVU: 1.32 **2019 NF PE RVU:** 2.66
2007 Fac PE RVU 0.31 **2019 Fac PE RVU:** 0.37

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 53,238

2007 Work RVU: 1.54 **2019 Work RVU:** 1.54
2007 NF PE RVU: 2.8 **2019 NF PE RVU:** 4.40
2007 Fac PE RVU 0.47 **2019 Fac PE RVU:**0.49

RUC Recommendation: 1.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 6,313

2007 Work RVU: 1.97 **2019 Work RVU:** 1.97
2007 NF PE RVU: 3.57 **2019 NF PE RVU:** 7.12
2007 Fac PE RVU 0.69 **2019 Fac PE RVU:**0.77

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

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 1,058

2007 Work RVU: 2.45 **2019 Work RVU:** 2.45
2007 NF PE RVU: 3.91 **2019 NF PE RVU:** 6.99
2007 Fac PE RVU 1.07 **2019 Fac PE RVU:**1.10

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

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2017 Medicare Utilization:** 584,710

2007 Work RVU: 1.10 **2019 Work RVU:** 1.10
2007 NF PE RVU: 3.37 **2019 NF PE RVU:** 4.43
2007 Fac PE RVU 0.84 **2019 Fac PE RVU:**0.60

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011 **2017 Medicare Utilization:** 129,272

2007 Work RVU: 2.98 **2019 Work RVU:** 2.60
2007 NF PE RVU: 5.03 **2019 NF PE RVU:** 4.29
2007 Fac PE RVU 1.72 **2019 Fac PE RVU:**1.61

RUC Recommendation: 2.60

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

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2017 Medicare Utilization:** 28,977

2007 Work RVU: 3.26 **2019 Work RVU:** 2.74
2007 NF PE RVU: 5.04 **2019 NF PE RVU:** 4.04
2007 Fac PE RVU 1.9 **2019 Fac PE RVU:**1.67

RUC Recommendation: 2.74

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

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2017 Medicare Utilization:** 1,236

2007 Work RVU: 9.23 **2019 Work RVU:** 9.04
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.59 **2019 Fac PE RVU:**7.61

RUC Recommendation: 9.04

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

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2017 Medicare Utilization:** 5,838

2007 Work RVU: 2.61 **2019 Work RVU:** 2.61
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.59 **2019 Fac PE RVU:**1.57

RUC Recommendation: 2.61

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 8.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.65

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 9.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.16

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 12,119

2007 Work RVU: 4.64 **2019 Work RVU:** 4.27
2007 NF PE RVU: NA **2019 NF PE RVU:** 6.90
2007 Fac PE RVU 2.57 **2019 Fac PE RVU:** 2.13

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:** 34,273

2007 Work RVU: 6.95 **2019 Work RVU:** 5.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.69 **2019 Fac PE RVU:** 2.77

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 16,681

2007 Work RVU: 3.29 **2019 Work RVU:** 3.11
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.92 **2019 Fac PE RVU:** 1.64

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 8.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.73

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 8.48
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.94

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 28,610

2007 Work RVU: 5.45 **2019 Work RVU:** 4.68
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.96 **2019 Fac PE RVU:** 2.30

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:** 24,590

2007 Work RVU: 8.84 **2019 Work RVU:** 6.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.58 **2019 Fac PE RVU:** 3.20

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:** 9,813

2007 Work RVU: 3.91 **2019 Work RVU:** 3.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.22 **2019 Fac PE RVU:** 1.80

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:** 11,217

2007 Work RVU: 4.57 **2019 Work RVU:** 4.10
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.54 **2019 Fac PE RVU:** 2.06

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31295 **Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:** 29,331

2007 Work RVU: **2019 Work RVU:** 2.70
2007 NF PE RVU: **2019 NF PE RVU:** 52.54
2007 Fac PE RVU **2019 Fac PE RVU:** 1.46

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:** 28,867

2007 Work RVU: **2019 Work RVU:** 3.10
2007 NF PE RVU: **2019 NF PE RVU:** 52.82
2007 Fac PE RVU **2019 Fac PE RVU:** 1.63

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31297 **Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:** 21,018

2007 Work RVU: **2019 Work RVU:** 2.44
2007 NF PE RVU: **2019 NF PE RVU:** 52.44
2007 Fac PE RVU **2019 Fac PE RVU:** 1.35

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31298 **Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 4.50
2007 NF PE RVU: **2019 NF PE RVU:** 101.47
2007 Fac PE RVU **2019 Fac PE RVU:** 2.23

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure**

Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2017 Medicare Utilization:** 280,159

2007 Work RVU: 2.33 **2019 Work RVU:** 3.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.52 **2019 Fac PE RVU:** 0.71

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 21.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 16.76

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2017 Medicare Utilization:** 22

2007 Work RVU: **2019 Work RVU:** 20.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 18.02

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 22.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 20.27

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2017 Medicare Utilization:** 25

2007 Work RVU: **2019 Work RVU:** 22.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 22.27

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31571 **Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope**

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 4,945

2007 Work RVU: 4.26 **2019 Work RVU:** 4.26
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2019 Fac PE RVU:** 2.27

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:**

Screen: MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010

2017 Medicare Utilization: 638,304

2007 Work RVU: 1.10 **2019 Work RVU:** 0.94

2007 NF PE RVU: 1.82 **2019 NF PE RVU:** 2.24

2007 Fac PE RVU 0.84 **2019 Fac PE RVU:** 0.84

RUC Recommendation: 1.00

Referred to CPT

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

Result: Decrease

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2017 Medicare Utilization: 78,529

2007 Work RVU: 2.26 **2019 Work RVU:** 1.88

2007 NF PE RVU: 3.5 **2019 NF PE RVU:** 3.09

2007 Fac PE RVU 1.37 **2019 Fac PE RVU:** 1.28

RUC Recommendation: 1.94

Referred to CPT

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

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2017 Medicare Utilization: 42

2007 Work RVU: 14.46 **2019 Work RVU:** 14.60

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 15.31 **2019 Fac PE RVU:** 19.08

RUC Recommendation: 14.60

Referred to CPT October 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

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

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2017 Medicare Utilization:**

2007 Work RVU: 22.87 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 24.48 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2017 Medicare Utilization:** 18

2007 Work RVU: 20.35 **2019 Work RVU:** 17.58
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 17.19 **2019 Fac PE RVU:**19.55

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31587 **Laryngoplasty, cricoid split, without graft placement**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2017 Medicare Utilization:** 21

2007 Work RVU: 15.12 **2019 Work RVU:** 15.27
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.96 **2019 Fac PE RVU:**15.78

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 14.62 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 13.07 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31591 **Laryngoplasty, medialization, unilateral**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015 **2017 Medicare Utilization:** 1,075

RUC Recommendation: 15.60

Referred to CPT October 2015

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

2007 Work RVU: **2019 Work RVU:** 13.56

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 14.60

Result: Decrease

31592 **Cricotracheal resection**

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

Most Recent RUC Meeting: January 2016 **Tab** 09 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2015 **2017 Medicare Utilization:** 27

RUC Recommendation: 25.00

Referred to CPT October 2015

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

2007 Work RVU: **2019 Work RVU:** 25.00

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 19.98

Result: Decrease

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015 **2017 Medicare Utilization:** 27,002

RUC Recommendation: 5.56

Referred to CPT

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

2007 Work RVU: 7.17 **2019 Work RVU:** 5.56

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 2.95 **2019 Fac PE RVU:** 2.31

Result: Increase

31601 **Tracheostomy, planned (separate procedure); younger than 2 years**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015 **2017 Medicare Utilization:** 8

RUC Recommendation: 8.00

Referred to CPT

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

2007 Work RVU: 4.44 **2019 Work RVU:** 8.00

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 2.21 **2019 Fac PE RVU:** 3.83

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 961

2007 Work RVU: 4.14 **2019 Work RVU:** 6.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.57 **2019 Fac PE RVU:**2.27
Result: Increase

RUC Recommendation: 6.00

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

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2017 Medicare Utilization:** 313

2007 Work RVU: 3.57 **2019 Work RVU:** 6.45
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.1 **2019 Fac PE RVU:**2.02
Result: Increase

RUC Recommendation: 6.45

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

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 15 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2017 Medicare Utilization:** 1,846

2007 Work RVU: 9.29 **2019 Work RVU:** 12.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.99 **2019 Fac PE RVU:**13.39
Result: Increase

RUC Recommendation: 12.00

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

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

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

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 818

2007 Work RVU: 5.92 **2019 Work RVU:** 6.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.92 **2019 Fac PE RVU:**8.35
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

Status Report: CMS Requests and Relativity Assessment Issues

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2017 Medicare Utilization:**

2007 Work RVU: 1.40 **2019 Work RVU:**
2007 NF PE RVU: 5.73 **2019 NF PE RVU:**
2007 Fac PE RVU 0.5 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2017 Medicare Utilization:** 60,381

2007 Work RVU: 2.78 **2019 Work RVU:** 2.53
2007 NF PE RVU: 5.55 **2019 NF PE RVU:** 4.04
2007 Fac PE RVU 1.02 **2019 Fac PE RVU:**0.98

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2017 Medicare Utilization:** 29,886

2007 Work RVU: 2.88 **2019 Work RVU:** 2.63
2007 NF PE RVU: 6.32 **2019 NF PE RVU:** 4.66
2007 Fac PE RVU 1.02 **2019 Fac PE RVU:**0.96

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2017 Medicare Utilization:** 115,121

2007 Work RVU: 2.88 **2019 Work RVU:** 2.63
2007 NF PE RVU: 5.67 **2019 NF PE RVU:** 4.24
2007 Fac PE RVU 1.02 **2019 Fac PE RVU:**1.00

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2017 Medicare Utilization:** 21,055

2007 Work RVU: 3.36 **2019 Work RVU:** 3.11
2007 NF PE RVU: 5.73 **2019 NF PE RVU:** 6.21
2007 Fac PE RVU 1.17 **2019 Fac PE RVU:** 1.11

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2017 Medicare Utilization:** 2,187

2007 Work RVU: **2019 Work RVU:** 3.91
2007 NF PE RVU: **2019 NF PE RVU:** 19.59
2007 Fac PE RVU **2019 Fac PE RVU:** 1.37

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2017 Medicare Utilization:** 33,065

2007 Work RVU: 3.80 **2019 Work RVU:** 3.55
2007 NF PE RVU: 7.02 **2019 NF PE RVU:** 6.35
2007 Fac PE RVU 1.26 **2019 Fac PE RVU:** 1.23

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2017 Medicare Utilization:** 14,329

2007 Work RVU: 4.09 **2019 Work RVU:** 3.75
2007 NF PE RVU: 13.7 **2019 NF PE RVU:** 8.51
2007 Fac PE RVU 1.35 **2019 Fac PE RVU:** 1.30

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2017 Medicare Utilization:** 3,846

2007 Work RVU: 1.03 **2019 Work RVU:** 1.03
2007 NF PE RVU: 0.83 **2019 NF PE RVU:** 0.70
2007 Fac PE RVU 0.3 **2019 Fac PE RVU:**0.30

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2017 Medicare Utilization:** 2,109

2007 Work RVU: 1.32 **2019 Work RVU:** 1.32
2007 NF PE RVU: 0.94 **2019 NF PE RVU:** 0.84
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**0.40

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2017 Medicare Utilization:** 33,191

2007 Work RVU: 3.16 **2019 Work RVU:** 2.88
2007 NF PE RVU: 5.05 **2019 NF PE RVU:** 4.28
2007 Fac PE RVU 1.09 **2019 Fac PE RVU:**1.07

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2015 **2017 Medicare Utilization:** 4,231

2007 Work RVU: 2.72 **2019 Work RVU:** 2.78
2007 NF PE RVU: 4.76 **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.97 **2019 Fac PE RVU:** 1.05

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2017 Medicare Utilization:** 22,992

2007 Work RVU: **2019 Work RVU:** 4.46
2007 NF PE RVU: **2019 NF PE RVU:** 22.55
2007 Fac PE RVU **2019 Fac PE RVU:** 1.52

RUC Recommendation: 5.00 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2017 Medicare Utilization:** 10,364

2007 Work RVU: **2019 Work RVU:** 4.96
2007 NF PE RVU: **2019 NF PE RVU:** 23.32
2007 Fac PE RVU **2019 Fac PE RVU:** 1.67

RUC Recommendation: 5.50 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014 **2017 Medicare Utilization:** 6,518

2007 Work RVU: **2019 Work RVU:** 1.40
2007 NF PE RVU: **2019 NF PE RVU:** 2.01
2007 Fac PE RVU **2019 Fac PE RVU:** 0.42

RUC Recommendation: 1.70

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.99 **2019 Work RVU:**
2007 NF PE RVU: 20.21 **2019 NF PE RVU:**
2007 Fac PE RVU 1.26 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: 000 **Issue:** Codes Reported Together **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017 **2017 Medicare Utilization:** 69,151

2007 Work RVU: 1.93 **2019 Work RVU:** 1.68
2007 NF PE RVU: 0.64 **2019 NF PE RVU:** 9.32
2007 Fac PE RVU 0.61 **2019 Fac PE RVU:** 0.78

RUC Recommendation: Refer to CPT to bundle

Referred to CPT February 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.18 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0.66 **2019 Fac PE RVU:**

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

32421 **Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

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

32422 **Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)**

Global: 000 **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

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

Status Report: CMS Requests and Relativity Assessment Issues

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2017 Medicare Utilization:** 376

2007 Work RVU: 27.17 **2019 Work RVU:** 27.28
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.44 **2019 Fac PE RVU:** 11.64

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from screen

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

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2017 Medicare Utilization:** 5,971

2007 Work RVU: 25.71 **2019 Work RVU:** 25.82
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.63 **2019 Fac PE RVU:** 10.93

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2017 Medicare Utilization:** 455

2007 Work RVU: 27.28 **2019 Work RVU:** 27.44
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.48 **2019 Fac PE RVU:** 11.91

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

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

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2017 Medicare Utilization:** 26

2007 Work RVU: 25.09 **2019 Work RVU:** 25.24
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.13 **2019 Fac PE RVU:** 11.59

RUC Recommendation: Request further information from CMS

Referred to CPT

Result: Remove from Screen

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

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

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

Most Recent RUC Meeting: April 2012 **Tab** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2017 Medicare Utilization:** 35,863

2007 Work RVU: **2019 Work RVU:** 3.04
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.99

RUC Recommendation: 3.50

Referred to CPT February 2012

Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 16,755

2007 Work RVU: **2019 Work RVU:** 1.82
2007 NF PE RVU: **2019 NF PE RVU:** 4.00
2007 Fac PE RVU **2019 Fac PE RVU:** 0.57

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 221,047

2007 Work RVU: **2019 Work RVU:** 2.27
2007 NF PE RVU: **2019 NF PE RVU:** 6.05
2007 Fac PE RVU **2019 Fac PE RVU:** 0.76

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 3,441

2007 Work RVU: **2019 Work RVU:** 2.50
2007 NF PE RVU: **2019 NF PE RVU:** 14.63
2007 Fac PE RVU **2019 Fac PE RVU:** 0.77

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance** **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 37,305

2007 Work RVU: **2019 Work RVU:** 3.12
2007 NF PE RVU: **2019 NF PE RVU:** 12.66
2007 Fac PE RVU **2019 Fac PE RVU:** 1.00

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** STS

First Identified: October 2008 **2017 Medicare Utilization:** 8,277

2007 Work RVU: 24.56 **2019 Work RVU:** 24.64
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.44 **2019 Fac PE RVU:** 10.12

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

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

33010 **Pericardiocentesis; initial**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:** 5,798

2007 Work RVU: 2.24 **2019 Work RVU:** 1.99
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.85 **2019 Fac PE RVU:** 0.69

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

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

33011 **Pericardiocentesis; subsequent**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:** 96

2007 Work RVU: 2.24 **2019 Work RVU:** 1.99
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.89 **2019 Fac PE RVU:** 0.68

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

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

33015 **Tube pericardiostomy**

Global: 090 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2017 **2017 Medicare Utilization:** 1,144

2007 Work RVU: 8.44 **2019 Work RVU:** 8.52
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2019 Fac PE RVU:** 4.54

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

33020 **Pericardiotomy for removal of clot or foreign body (primary procedure)** **Global:** 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 10 **Specialty Developing Recommendation:** AATS, STS **First Identified:** April 2018 **2017 Medicare Utilization:** 161

2007 Work RVU: 14.87 **2019 Work RVU:** 14.95
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.71 **2019 Fac PE RVU:**7.03

RUC Recommendation: 14.31 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33025 **Creation of pericardial window or partial resection for drainage** **Global:** 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 10 **Specialty Developing Recommendation:** AATS, STS **First Identified:** April 2017 **2017 Medicare Utilization:** 4,922

2007 Work RVU: 13.65 **2019 Work RVU:** 13.70
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.25 **2019 Fac PE RVU:**6.20

RUC Recommendation: 13.20 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 15,252

2007 Work RVU: 9.05 **2019 Work RVU:** 7.80
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2019 Fac PE RVU:**4.36

RUC Recommendation: 8.05 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular** **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 103,570

2007 Work RVU: 8.12 **2019 Work RVU:** 8.52
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.95 **2019 Fac PE RVU:**4.66

RUC Recommendation: 8.77 **Referred to CPT** February 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 484

2007 Work RVU: 5.51 **2019 Work RVU:** 5.01
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.46 **2019 Fac PE RVU:** 3.15

RUC Recommendation: 5.26 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33213 **Insertion of pacemaker pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2017 Medicare Utilization:** 1,755

2007 Work RVU: 6.36 **2019 Work RVU:** 5.28
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.87 **2019 Fac PE RVU:** 3.24

RUC Recommendation: 5.53 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33221 **Insertion of pacemaker pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2017 Medicare Utilization:** 344

2007 Work RVU: **2019 Work RVU:** 5.55
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.62

RUC Recommendation: 5.80 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33227 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2017 Medicare Utilization:** 4,982

2007 Work RVU: **2019 Work RVU:** 5.25
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.35

RUC Recommendation: 5.50

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33228 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2017 Medicare Utilization:** 31,748

2007 Work RVU: **2019 Work RVU:** 5.52
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.47

RUC Recommendation: 5.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33229 **Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2017 Medicare Utilization:** 4,630

2007 Work RVU: **2019 Work RVU:** 5.79
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.74

RUC Recommendation: 6.04

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2017 Medicare Utilization:** 189

RUC Recommendation: 6.32

Referred to CPT February 2011

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

2007 Work RVU: **2019 Work RVU:** 6.07

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 3.64

Result: Decrease

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2017 Medicare Utilization:** 183

RUC Recommendation: 6.59

Referred to CPT February 2011

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

2007 Work RVU: **2019 Work RVU:** 6.34

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 3.85

Result: Decrease

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:** 8,940

RUC Recommendation: 3.39

Referred to CPT February 2011

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

2007 Work RVU: 3.33 **2019 Work RVU:** 3.14

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 3.29 **2019 Fac PE RVU:** 2.81

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:** 436

RUC Recommendation: 6.06

Referred to CPT February 2011

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

2007 Work RVU: 7.61 **2019 Work RVU:** 5.80

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 4.79 **2019 Fac PE RVU:** 3.47

Result: Decrease

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:** 6,856

RUC Recommendation: 3.29

Referred to CPT February 2011

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

2007 Work RVU: 3.26 **2019 Work RVU:** 3.04

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 2.99 **2019 Fac PE RVU:** 2.49

Result: Maintain

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:** 46,298

RUC Recommendation: 15.17

Referred to CPT February 2011

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

2007 Work RVU: 15.02 **2019 Work RVU:** 14.92

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 8.89 **2019 Fac PE RVU:** 8.28

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2017 Medicare Utilization:** 3,596

2007 Work RVU: **2019 Work RVU:** 5.81
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.67

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2017 Medicare Utilization:** 11,830

2007 Work RVU: **2019 Work RVU:** 6.08
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.79

RUC Recommendation: 6.33 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2017 Medicare Utilization:** 15,856

2007 Work RVU: **2019 Work RVU:** 6.35
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.94

RUC Recommendation: 6.60 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33282 **Implantation of patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:** 41,909

2007 Work RVU: 4.70 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.1 **2019 Fac PE RVU:**

RUC Recommendation: 3.50

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

Result: Decrease

33284 **Removal of an implantable, patient-activated cardiac event recorder**

Global: 090 **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:** 11,744

2007 Work RVU: 3.04 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.5 **2019 Fac PE RVU:**

RUC Recommendation: 3.00

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

Result: Decrease

33405 **Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2017 Medicare Utilization:** 22,068

2007 Work RVU: 41.19 **2019 Work RVU:** 41.32
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 17.58 **2019 Fac PE RVU:**15.01

RUC Recommendation: 41.32

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2017 Medicare Utilization:** 7,884

2007 Work RVU: 50.75 **2019 Work RVU:** 50.93
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 17.71 **2019 Fac PE RVU:** 18.56

RUC Recommendation: 50.93

Referred to CPT

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

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011 **2017 Medicare Utilization:** 62,991

2007 Work RVU: 33.64 **2019 Work RVU:** 33.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 15.55 **2019 Fac PE RVU:** 12.72

RUC Recommendation: 34.98

Referred to CPT

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

Result: Increase

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2017 Medicare Utilization:** 72

2007 Work RVU: **2019 Work RVU:** 30.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 10.81

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 16.18
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.98

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2017 Medicare Utilization:** 1

2007 Work RVU: **2019 Work RVU:** 64.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 20.62

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2017 Medicare Utilization:** 1,809

2007 Work RVU: 58.71 **2019 Work RVU:** 58.79
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 19.01 **2019 Fac PE RVU:** 19.13

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 722

2007 Work RVU: 89.08 **2019 Work RVU:** 89.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 23.74 **2019 Fac PE RVU:**30.58

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2014 **2017 Medicare Utilization:** 457

2007 Work RVU: **2019 Work RVU:** 6.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**1.76

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2017 Medicare Utilization:** 1,095

2007 Work RVU: **2019 Work RVU:** 6.63
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**1.93

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2017 Medicare Utilization:** 2,830

2007 Work RVU: **2019 Work RVU:** 4.73
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**1.44

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2017 Medicare Utilization:** 3,753

2007 Work RVU: **2019 Work RVU:** 4.60
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.34

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2017 Medicare Utilization:** 3

2007 Work RVU: **2019 Work RVU:** 8.15
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.32

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2017 Medicare Utilization:** 1,121

2007 Work RVU: **2019 Work RVU:** 8.15
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.46

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 9.11
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.59

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 341

2007 Work RVU: **2019 Work RVU:** 9.11
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.68

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 393

2007 Work RVU: **2019 Work RVU:** 16.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.60

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 3.51
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.06

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 64

2007 Work RVU: **2019 Work RVU:** 3.51
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.06

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 4.47
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.32

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2017 Medicare Utilization:**

2007 Work RVU: 19.33 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.09 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2017 Medicare Utilization:**

2007 Work RVU: 10.91 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.45 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 24

2007 Work RVU: **2019 Work RVU:** 4.47
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.32

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 9.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.56

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 28

2007 Work RVU: **2019 Work RVU:** 9.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.70

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 3.51
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.06

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 312

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.40
Result: Maintain

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 1

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 5.22
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.53
Result: Maintain

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 393

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 5.46
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.57
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 1

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 9.89
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.80
Result: Maintain

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 221

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 10.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.90
Result: Maintain

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 52

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.04
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.10
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2017 Medicare Utilization:** 43

2007 Work RVU: **2019 Work RVU:** 15.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.20

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2017 Medicare Utilization:** 15

2007 Work RVU: **2019 Work RVU:** 9.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.70

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

33X01 **Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)**

Global: **Issue:** Aortic Graft Procedures **Screen:** New and Revised Service (Not Part of RAW) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 06 **Specialty Developing Recommendation:** AATS, STS **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 17.75 **Referred to CPT** May 2018 **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 23.71
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.88

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 36.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 9.80

RUC Recommendation: 36.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 26.52
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 7.54

RUC Recommendation: 26.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 45.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 11.84

RUC Recommendation: 45.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 29.58
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 8.21

RUC Recommendation: 29.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 45.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 11.83

RUC Recommendation: 45.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 22.28
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.35

RUC Recommendation: 22.28 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 36.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 9.59

RUC Recommendation: 36.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 6.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.43

RUC Recommendation: 6.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 15.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.98

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 6.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.32
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 12.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 5.42
Result: Decrease

RUC Recommendation: 12.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 2.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.72
Result: Decrease

RUC Recommendation: 2.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 5.25
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.54
Result: Decrease

RUC Recommendation: 5.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 6.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.64
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 7.19
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.26
Result: Decrease

RUC Recommendation: 7.19

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2017 Medicare Utilization:** 432

2007 Work RVU: 21.46 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 8.72 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34802 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2017 Medicare Utilization:** 8,774

2007 Work RVU: 23.71 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 9.38 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

34803 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2017 Medicare Utilization:** 5,476

2007 Work RVU: 24.74 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 9.68 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2017 Medicare Utilization:** 1,999

2007 Work RVU: 23.71 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 9.37 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34805 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 567

2007 Work RVU: 22.59 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 9.04 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34806 **Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 5

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2017 Medicare Utilization:** 18,205

2007 Work RVU: 6.74 **2019 Work RVU:** 4.13
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.1 **2019 Fac PE RVU:** 0.92

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 186

2007 Work RVU: 9.74 **2019 Work RVU:** 7.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.04 **2019 Fac PE RVU:** 1.51

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2017 Medicare Utilization:** 10,017

2007 Work RVU: 12.72 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.89 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 3,391

2007 Work RVU: 4.12 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.31 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 93

2007 Work RVU: 11.98 **2019 Work RVU:** 8.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.15 **2019 Fac PE RVU:**1.70

RUC Recommendation: 8.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 712

2007 Work RVU: 5.34 **2019 Work RVU:** 2.65
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.04 **2019 Fac PE RVU:**0.50

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 805

2007 Work RVU: 16.77 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 7.24 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2017 Medicare Utilization:** 40,044

2007 Work RVU: 19.53 **2019 Work RVU:** 21.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.04 **2019 Fac PE RVU:**6.71

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 10.05 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.47 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35452 **Transluminal balloon angioplasty, open; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 6.90 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.48 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35454 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 6.03 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.19 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35456 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 7.34 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.64 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 9.48 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.33 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35459 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 8.62 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.01 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35460 **Transluminal balloon angioplasty, open; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 6.03 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.15 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35470 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 8.62 **2019 Work RVU:**
2007 NF PE RVU: 81.78 **2019 NF PE RVU:**
2007 Fac PE RVU 3.37 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 10.05 **2019 Work RVU:**
2007 NF PE RVU: 91.6 **2019 NF PE RVU:**
2007 Fac PE RVU 4.13 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 6.90 **2019 Work RVU:**
2007 NF PE RVU: 60.05 **2019 NF PE RVU:**
2007 Fac PE RVU 2.75 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35473 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 6.03 **2019 Work RVU:**
2007 NF PE RVU: 56.4 **2019 NF PE RVU:**
2007 Fac PE RVU 2.43 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35474 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 7.35 **2019 Work RVU:**
2007 NF PE RVU: 80.7 **2019 NF PE RVU:**
2007 Fac PE RVU 2.9 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35475 **Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 9.48 **2019 Work RVU:**
2007 NF PE RVU: 53.95 **2019 NF PE RVU:**
2007 Fac PE RVU 3.48 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 6.03 **2019 Work RVU:**
2007 NF PE RVU: 42.45 **2019 NF PE RVU:**
2007 Fac PE RVU 2.26 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35490 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 11.06 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.11 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

35491 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 7.60 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.46 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35492 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 6.64 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.3 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35493 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 8.09 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.89 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35494 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 10.42 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.64 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35495 **Deleted from CPT**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 9.48 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.45 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35701 **Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery**

Global: 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2017 Medicare Utilization:** 679

2007 Work RVU: 9.11 **2019 Work RVU:** 9.19
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.93 **2019 Fac PE RVU:**5.61

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery**

Global: 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2017 Medicare Utilization:** 580

2007 Work RVU: 7.66 **2019 Work RVU:** 7.72
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.26 **2019 Fac PE RVU:**3.73

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2017 Medicare Utilization:** 221

2007 Work RVU: 8.61 **2019 Work RVU:** 8.69
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2019 Fac PE RVU:**4.40

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2017 Medicare Utilization:** 1,836

2007 Work RVU: 5.84 **2019 Work RVU:** 5.93
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.88 **2019 Fac PE RVU:**4.19

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35X00 **Global:** **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 7.12

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

35X01 **Global:** **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 7.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36000 **Introduction of needle or intracatheter, vein** **Global:** XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh

First Identified: October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18
2007 NF PE RVU: 0.54 **2019 NF PE RVU:** 0.57
2007 Fac PE RVU 0.05 **2019 Fac PE RVU:** 0.07

RUC Recommendation: CMS consider a bundled status for this code

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

36010 **Introduction of catheter, superior or inferior vena cava** **Global:** XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010 **2017 Medicare Utilization:** 15,170

2007 Work RVU: 2.43 **2019 Work RVU:** 2.18
2007 NF PE RVU: 17.17 **2019 NF PE RVU:** 11.73
2007 Fac PE RVU 0.77 **2019 Fac PE RVU:** 0.64

RUC Recommendation: Remove from re-review.

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

36140 **Introduction of needle or intracatheter, upper or lower extremity artery**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2017 Medicare Utilization:** 19,630

2007 Work RVU: 2.01 **2019 Work RVU:** 1.76
2007 NF PE RVU: 12.15 **2019 NF PE RVU:** 10.61
2007 Fac PE RVU 0.65 **2019 Fac PE RVU:**0.50

RUC Recommendation: Remove from re-review

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

36145 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 2.01 **2019 Work RVU:**
2007 NF PE RVU: 11.87 **2019 NF PE RVU:**
2007 Fac PE RVU 0.64 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36147 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 47,807

2007 Work RVU: 4.67 **2019 Work RVU:** 4.17
2007 NF PE RVU: 26.59 **2019 NF PE RVU:** 24.64
2007 Fac PE RVU 1.65 **2019 Fac PE RVU:** 1.40

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 4,540

2007 Work RVU: 5.27 **2019 Work RVU:** 5.27
2007 NF PE RVU: 28.57 **2019 NF PE RVU:** 25.43
2007 Fac PE RVU 1.82 **2019 Fac PE RVU:** 1.68

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2017 Medicare Utilization:** 4,108

2007 Work RVU: 6.29 **2019 Work RVU:** 6.29
2007 NF PE RVU: 52.65 **2019 NF PE RVU:** 45.62
2007 Fac PE RVU 2.17 **2019 Fac PE RVU:** 2.01

RUC Recommendation: 6.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2017 Medicare Utilization:** 1,502

2007 Work RVU: 1.01 **2019 Work RVU:** 1.01
2007 NF PE RVU: 4.72 **2019 NF PE RVU:** 5.70
2007 Fac PE RVU 0.34 **2019 Fac PE RVU:** 0.32

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 2,560

2007 Work RVU: **2019 Work RVU:** 3.92
2007 NF PE RVU: **2019 NF PE RVU:** 24.59
2007 Fac PE RVU **2019 Fac PE RVU:** 1.08

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 9,138

2007 Work RVU: **2019 Work RVU:** 5.28
2007 NF PE RVU: **2019 NF PE RVU:** 28.25
2007 Fac PE RVU **2019 Fac PE RVU:** 1.74

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 30,269

2007 Work RVU: **2019 Work RVU:** 5.75
2007 NF PE RVU: **2019 NF PE RVU:** 36.86
2007 Fac PE RVU **2019 Fac PE RVU:** 2.09

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 34,099

2007 Work RVU: **2019 Work RVU:** 6.25
2007 NF PE RVU: **2019 NF PE RVU:** 48.95
2007 Fac PE RVU **2019 Fac PE RVU:** 2.56

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 11,486

2007 Work RVU: **2019 Work RVU:** 5.75
2007 NF PE RVU: **2019 NF PE RVU:** 35.22
2007 Fac PE RVU **2019 Fac PE RVU:** 2.04

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 31,426

2007 Work RVU: **2019 Work RVU:** 6.25
2007 NF PE RVU: **2019 NF PE RVU:** 45.93
2007 Fac PE RVU **2019 Fac PE RVU:** 2.48

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 11,934

2007 Work RVU: **2019 Work RVU:** 2.09
2007 NF PE RVU: **2019 NF PE RVU:** 4.61
2007 Fac PE RVU **2019 Fac PE RVU:** 0.79

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 2,203

2007 Work RVU: **2019 Work RVU:** 4.25
2007 NF PE RVU: **2019 NF PE RVU:** 32.25
2007 Fac PE RVU **2019 Fac PE RVU:** 1.64

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2017 Medicare Utilization:** 43,813

2007 Work RVU: 4.67 **2019 Work RVU:** 4.65
2007 NF PE RVU: 31.17 **2019 NF PE RVU:** 32.01
2007 Fac PE RVU 1.78 **2019 Fac PE RVU:** 1.47

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 38,513

2007 Work RVU: 5.27 **2019 Work RVU:** 5.02
2007 NF PE RVU: 29.18 **2019 NF PE RVU:** 17.81
2007 Fac PE RVU 1.84 **2019 Fac PE RVU:** 1.40

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 65,915

2007 Work RVU: 6.29 **2019 Work RVU:** 6.04
2007 NF PE RVU: 48.22 **2019 NF PE RVU:** 35.53
2007 Fac PE RVU 2.17 **2019 Fac PE RVU:** 1.71

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2017 Medicare Utilization:** 25,670

2007 Work RVU: 1.01 **2019 Work RVU:** 1.01
2007 NF PE RVU: 3.81 **2019 NF PE RVU:** 2.99
2007 Fac PE RVU 0.35 **2019 Fac PE RVU:** 0.30

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2017 Medicare Utilization:** 3,860

2007 Work RVU: **2019 Work RVU:** 5.10
2007 NF PE RVU: **2019 NF PE RVU:** 33.23
2007 Fac PE RVU **2019 Fac PE RVU:** 1.56

RUC Recommendation: 5.45 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2017 Medicare Utilization:** 9,326

2007 Work RVU: **2019 Work RVU:** 6.74
2007 NF PE RVU: **2019 NF PE RVU:** 34.22
2007 Fac PE RVU **2019 Fac PE RVU:** 2.28

RUC Recommendation: 7.38 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2017 Medicare Utilization:** 1,357

2007 Work RVU: **2019 Work RVU:** 7.30
2007 NF PE RVU: **2019 NF PE RVU:** 54.51
2007 Fac PE RVU **2019 Fac PE RVU:** 2.28

RUC Recommendation: 7.55 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2017 Medicare Utilization:** 212

2007 Work RVU: **2019 Work RVU:** 7.90
2007 NF PE RVU: **2019 NF PE RVU:** 51.25
2007 Fac PE RVU **2019 Fac PE RVU:** 2.56

RUC Recommendation: 8.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 36 **Specialty Developing Recommendation:** ACP

First Identified: October 2009 **2017 Medicare Utilization:** 158,441

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18
2007 NF PE RVU: 0.3 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU 0.05 **2019 Fac PE RVU:**0.07

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: April 2013 **2017 Medicare Utilization:** 122,505

2007 Work RVU: 6.72 **2019 Work RVU:** 5.30
2007 NF PE RVU: 47.57 **2019 NF PE RVU:** 34.22
2007 Fac PE RVU 2.39 **2019 Fac PE RVU:**1.73

RUC Recommendation: 5.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: October 2013 **2017 Medicare Utilization:** 9,561

2007 Work RVU: 3.38 **2019 Work RVU:** 2.65
2007 NF PE RVU: 7.39 **2019 NF PE RVU:** 5.35
2007 Fac PE RVU 1.08 **2019 Fac PE RVU:**0.73

RUC Recommendation: 2.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2017 Medicare Utilization:** 80,925

2007 Work RVU: 6.72 **2019 Work RVU:** 5.30
2007 NF PE RVU: 42.85 **2019 NF PE RVU:** 25.80
2007 Fac PE RVU 2.41 **2019 Fac PE RVU:** 1.76

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2017 Medicare Utilization:** 8,109

2007 Work RVU: 3.38 **2019 Work RVU:** 2.65
2007 NF PE RVU: 7.59 **2019 NF PE RVU:** 5.87
2007 Fac PE RVU 1.1 **2019 Fac PE RVU:** 0.79

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2017 Medicare Utilization:** 744

2007 Work RVU: 6.98 **2019 Work RVU:** 6.73
2007 NF PE RVU: NA **2019 NF PE RVU:** 48.04
2007 Fac PE RVU 2.46 **2019 Fac PE RVU:** 2.27

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2017 Medicare Utilization:** 221

2007 Work RVU: 1.74 **2019 Work RVU:** 2.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.69 **2019 Fac PE RVU:**0.96

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2017 Medicare Utilization:** 1,647

2007 Work RVU: 1.74 **2019 Work RVU:** 2.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.71 **2019 Fac PE RVU:**0.97

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2017 Medicare Utilization:** 269

2007 Work RVU: 1.74 **2019 Work RVU:** 2.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.68 **2019 Fac PE RVU:**0.91

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2017 Medicare Utilization:** 28,642

2007 Work RVU: 1.74 **2019 Work RVU:** 1.81
2007 NF PE RVU: 15.33 **2019 NF PE RVU:** 18.52
2007 Fac PE RVU 0.67 **2019 Fac PE RVU:**0.78

RUC Recommendation: 1.81. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Status Report: CMS Requests and Relativity Assessment Issues

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2017 Medicare Utilization:** 1

2007 Work RVU: 1.74 **2019 Work RVU:**
2007 NF PE RVU: 60.92 **2019 NF PE RVU:**
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: October 2008 **2017 Medicare Utilization:** 1,454

2007 Work RVU: 1.22 **2019 Work RVU:** 1.56
2007 NF PE RVU: 75.37 **2019 NF PE RVU:** 54.44
2007 Fac PE RVU 0.46 **2019 Fac PE RVU:**0.63

RUC Recommendation: 1.56. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

36522 **Photopheresis, extracorporeal**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2017 Medicare Utilization:** 9,117

2007 Work RVU: 1.67 **2019 Work RVU:** 1.75
2007 NF PE RVU: 33.02 **2019 NF PE RVU:** 59.35
2007 Fac PE RVU 0.94 **2019 Fac PE RVU:**0.92

RUC Recommendation: 1.75. Refer to CPT Assistant

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Status Report: CMS Requests and Relativity Assessment Issues

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2017 Medicare Utilization:** 40

2007 Work RVU: 2.68 **2019 Work RVU:** 1.93
2007 NF PE RVU: 5.34 **2019 NF PE RVU:** 3.25
2007 Fac PE RVU 0.76 **2019 Fac PE RVU:**0.38

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2017 Medicare Utilization:** 460,490

2007 Work RVU: 2.50 **2019 Work RVU:** 1.75
2007 NF PE RVU: 4.93 **2019 NF PE RVU:** 4.04
2007 Fac PE RVU 0.7 **2019 Fac PE RVU:**0.50

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2017 Medicare Utilization:** 10

2007 Work RVU: 1.92 **2019 Work RVU:** 2.11
2007 NF PE RVU: 7.03 **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.57 **2019 Fac PE RVU:**0.36

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2017 Medicare Utilization:** 149,000

2007 Work RVU: 1.82 **2019 Work RVU:** 1.90
2007 NF PE RVU: 6.55 **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.57 **2019 Fac PE RVU:**0.65

RUC Recommendation: 1.90. Review at RAW in October 2021.

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36572 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.82
2007 NF PE RVU: **2019 NF PE RVU:** 9.92
2007 Fac PE RVU **2019 Fac PE RVU:**0.67

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

36573 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.70
2007 NF PE RVU: **2019 NF PE RVU:** 9.32
2007 Fac PE RVU **2019 Fac PE RVU:**0.57

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2017 Medicare Utilization:** 5,704

RUC Recommendation: 1.47 **Referred to CPT** September 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.20 **2019 Work RVU:** 1.20
2007 NF PE RVU: 6.16 **2019 NF PE RVU:** 8.47
2007 Fac PE RVU 0.54 **2019 Fac PE RVU:**0.42
Result: Decrease

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2017 Medicare Utilization:** 574,526

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.15 **2019 Work RVU:** 1.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.22 **2019 Fac PE RVU:**0.20
Result: Decrease

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2017 Medicare Utilization:** 5,976

RUC Recommendation: 13.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 11.81 **2019 Work RVU:** 12.39
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2019 Fac PE RVU:**4.84
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2017 Medicare Utilization:** 8,796

2007 Work RVU: 14.39 **2019 Work RVU:** 13.29
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.08 **2019 Fac PE RVU:**4.83

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

36820 **Arteriovenous anastomosis, open; by forearm vein transposition** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,833

2007 Work RVU: 14.39 **2019 Work RVU:** 13.07
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.11 **2019 Fac PE RVU:**5.17

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)** **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2017 Medicare Utilization:** 31,560

2007 Work RVU: 9.15 **2019 Work RVU:** 11.90
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.49 **2019 Fac PE RVU:**4.59

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: February 2011 **2017 Medicare Utilization:**

2007 Work RVU: 5.51 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.23 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007 **2017 Medicare Utilization:** 2,636

2007 Work RVU: 10.00 **2019 Work RVU:** 14.17
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.87 **2019 Fac PE RVU:**5.58

RUC Recommendation: 15.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012 **2017 Medicare Utilization:** 21,874

2007 Work RVU: 12.00 **2019 Work RVU:** 12.03
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.98 **2019 Fac PE RVU:**4.52

RUC Recommendation: 11.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

36834 **Deleted from CPT**

Global: 090 **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 11.11 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.68 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: 090 **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 5.17 **2019 Work RVU:**
2007 NF PE RVU: 49.54 **2019 NF PE RVU:**
2007 Fac PE RVU 2.99 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 73,043

2007 Work RVU: **2019 Work RVU:** 3.36
2007 NF PE RVU: **2019 NF PE RVU:** 14.50
2007 Fac PE RVU **2019 Fac PE RVU:** 1.05

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 202,966

2007 Work RVU: **2019 Work RVU:** 4.83
2007 NF PE RVU: **2019 NF PE RVU:** 30.59
2007 Fac PE RVU **2019 Fac PE RVU:** 1.48

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 19,916

2007 Work RVU: **2019 Work RVU:** 6.39
2007 NF PE RVU: **2019 NF PE RVU:** 144.86
2007 Fac PE RVU **2019 Fac PE RVU:** 1.89

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 5,227

2007 Work RVU: **2019 Work RVU:** 7.50
2007 NF PE RVU: **2019 NF PE RVU:** 44.57
2007 Fac PE RVU **2019 Fac PE RVU:** 2.23

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 43,181

2007 Work RVU: **2019 Work RVU:** 9.00
2007 NF PE RVU: **2019 NF PE RVU:** 56.58
2007 Fac PE RVU **2019 Fac PE RVU:** 2.69

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 13,347

2007 Work RVU: **2019 Work RVU:** 10.42
2007 NF PE RVU: **2019 NF PE RVU:** 174.72
2007 Fac PE RVU **2019 Fac PE RVU:** 3.06

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 64,418

2007 Work RVU: **2019 Work RVU:** 3.00
2007 NF PE RVU: **2019 NF PE RVU:** 17.01
2007 Fac PE RVU **2019 Fac PE RVU:** 0.84

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 5,388

2007 Work RVU: **2019 Work RVU:** 4.25
2007 NF PE RVU: **2019 NF PE RVU:** 63.14
2007 Fac PE RVU **2019 Fac PE RVU:** 1.15

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 5,527

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.12
2007 NF PE RVU: **2019 NF PE RVU:** 50.25
2007 Fac PE RVU **2019 Fac PE RVU:** 1.11
Result: Decrease

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2017 Medicare Utilization:** 860

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.99 **2019 Work RVU:** 7.74
2007 NF PE RVU: NA **2019 NF PE RVU:** 161.95
2007 Fac PE RVU 2.89 **2019 Fac PE RVU:** 2.47
Result: PE Only

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2017 Medicare Utilization:** 31,828

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.46
2007 NF PE RVU: **2019 NF PE RVU:** 64.89
2007 Fac PE RVU **2019 Fac PE RVU:** 1.43
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2017 Medicare Utilization:** 46

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 7.10
2007 NF PE RVU: **2019 NF PE RVU:** 28.75
2007 Fac PE RVU **2019 Fac PE RVU:** 1.24
Result: Decrease

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2017 Medicare Utilization:** 7,718

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 7.10
2007 NF PE RVU: **2019 NF PE RVU:** 36.00
2007 Fac PE RVU **2019 Fac PE RVU:** 2.09
Result: Decrease

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.99 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.43 **2019 Fac PE RVU:**
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: 000 **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 5.02 **2019 Work RVU:**
2007 NF PE RVU: 31.87 **2019 NF PE RVU:**
2007 Fac PE RVU 1.98 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 18.11 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.75 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 8.27 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.77 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 4.12 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.46 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 8.27 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.98 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 4.12 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.3 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 2.27 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0.72 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 10.60 **2019 Work RVU:**
2007 NF PE RVU: 46.03 **2019 NF PE RVU:**
2007 Fac PE RVU 3.13 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 10,654

2007 Work RVU: **2019 Work RVU:** 7.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.13

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 3,651

2007 Work RVU: **2019 Work RVU:** 6.81
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.93

RUC Recommendation: 7.06 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 2,874

2007 Work RVU: **2019 Work RVU:** 4.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.32

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 6,747

2007 Work RVU: **2019 Work RVU:** 2.49
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.69

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 12,441

2007 Work RVU: **2019 Work RVU:** 7.90
2007 NF PE RVU: **2019 NF PE RVU:** 74.16
2007 Fac PE RVU **2019 Fac PE RVU:** 2.08
Result: Decrease

RUC Recommendation: Refer to CPT. 8.15

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 38,680

2007 Work RVU: **2019 Work RVU:** 9.75
2007 NF PE RVU: **2019 NF PE RVU:** 107.03
2007 Fac PE RVU **2019 Fac PE RVU:** 2.59
Result: Decrease

RUC Recommendation: Refer to CPT. 10.00

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 3,298

2007 Work RVU: **2019 Work RVU:** 3.73
2007 NF PE RVU: **2019 NF PE RVU:** 18.11
2007 Fac PE RVU **2019 Fac PE RVU:** 0.89
Result: Decrease

RUC Recommendation: Refer to CPT. 3.73

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 5,441

2007 Work RVU: **2019 Work RVU:** 4.25
2007 NF PE RVU: **2019 NF PE RVU:** 57.45
2007 Fac PE RVU **2019 Fac PE RVU:** 1.04

RUC Recommendation: Refer to CPT. 4.25 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 34,461

2007 Work RVU: **2019 Work RVU:** 8.75
2007 NF PE RVU: **2019 NF PE RVU:** 90.10
2007 Fac PE RVU **2019 Fac PE RVU:** 2.36

RUC Recommendation: Refer to CPT. 9.00 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 41,260

2007 Work RVU: **2019 Work RVU:** 11.75
2007 NF PE RVU: **2019 NF PE RVU:** 331.00
2007 Fac PE RVU **2019 Fac PE RVU:** 3.33

RUC Recommendation: Refer to CPT. **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 26,029

2007 Work RVU: **2019 Work RVU:** 10.24
2007 NF PE RVU: **2019 NF PE RVU:** 287.04
2007 Fac PE RVU **2019 Fac PE RVU:** 2.74

RUC Recommendation: Refer to CPT. 10.49 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 20,727

2007 Work RVU: **2019 Work RVU:** 14.25
2007 NF PE RVU: **2019 NF PE RVU:** 427.60
2007 Fac PE RVU **2019 Fac PE RVU:** 3.88

RUC Recommendation: Refer to CPT. 14.50 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 30,744

2007 Work RVU: **2019 Work RVU:** 10.75
2007 NF PE RVU: **2019 NF PE RVU:** 132.93
2007 Fac PE RVU **2019 Fac PE RVU:** 2.80

RUC Recommendation: Refer to CPT. 11.00 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 32,434

2007 Work RVU: **2019 Work RVU:** 13.80
2007 NF PE RVU: **2019 NF PE RVU:** 328.78
2007 Fac PE RVU **2019 Fac PE RVU:** 3.86

RUC Recommendation: Refer to CPT. 14.05 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 2,890

2007 Work RVU: **2019 Work RVU:** 13.55
2007 NF PE RVU: **2019 NF PE RVU:** 277.65
2007 Fac PE RVU **2019 Fac PE RVU:** 3.91

RUC Recommendation: Refer to CPT. 13.80 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 2,095

2007 Work RVU: **2019 Work RVU:** 14.75
2007 NF PE RVU: **2019 NF PE RVU:** 404.75
2007 Fac PE RVU **2019 Fac PE RVU:** 4.31

RUC Recommendation: Refer to CPT. 15.00 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 11,587

2007 Work RVU: **2019 Work RVU:** 4.00
2007 NF PE RVU: **2019 NF PE RVU:** 26.33
2007 Fac PE RVU **2019 Fac PE RVU:** 1.05

RUC Recommendation: Refer to CPT. 4.00 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 7,671

2007 Work RVU: **2019 Work RVU:** 6.50
2007 NF PE RVU: **2019 NF PE RVU:** 30.10
2007 Fac PE RVU **2019 Fac PE RVU:** 1.70

RUC Recommendation: Refer to CPT. 6.50 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 342

2007 Work RVU: **2019 Work RVU:** 5.50
2007 NF PE RVU: **2019 NF PE RVU:** 103.06
2007 Fac PE RVU **2019 Fac PE RVU:** 1.63

RUC Recommendation: Refer to CPT. 5.50 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 143

2007 Work RVU: **2019 Work RVU:** 7.80
2007 NF PE RVU: **2019 NF PE RVU:** 109.64
2007 Fac PE RVU **2019 Fac PE RVU:** 2.25

RUC Recommendation: Refer to CPT. 7.80 **Referred to CPT** September 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2017 Medicare Utilization:** 13,185

2007 Work RVU: **2019 Work RVU:** 8.75
2007 NF PE RVU: **2019 NF PE RVU:** 91.10
2007 Fac PE RVU **2019 Fac PE RVU:** 2.42

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2017 Medicare Utilization:** 1,472

2007 Work RVU: **2019 Work RVU:** 4.25
2007 NF PE RVU: **2019 NF PE RVU:** 55.20
2007 Fac PE RVU **2019 Fac PE RVU:** 1.05

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2017 Medicare Utilization:** 10,297

2007 Work RVU: **2019 Work RVU:** 6.04
2007 NF PE RVU: **2019 NF PE RVU:** 95.60
2007 Fac PE RVU **2019 Fac PE RVU:** 1.78

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2017 Medicare Utilization:** 5,021

2007 Work RVU: **2019 Work RVU:** 2.97
2007 NF PE RVU: **2019 NF PE RVU:** 45.40
2007 Fac PE RVU **2019 Fac PE RVU:** 0.85

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 2,267

2007 Work RVU: **2019 Work RVU:** 8.75
2007 NF PE RVU: **2019 NF PE RVU:** 127.12
2007 Fac PE RVU **2019 Fac PE RVU:** 2.64

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 9,331

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 9.80
2007 NF PE RVU: **2019 NF PE RVU:** 200.36
2007 Fac PE RVU **2019 Fac PE RVU:** 2.72
Result: Decrease

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 14,920

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 11.74
2007 NF PE RVU: **2019 NF PE RVU:** 260.85
2007 Fac PE RVU **2019 Fac PE RVU:** 3.57
Result: Decrease

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 11,270

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 13.75
2007 NF PE RVU: **2019 NF PE RVU:** 180.66
2007 Fac PE RVU **2019 Fac PE RVU:** 4.30
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 8,900

2007 Work RVU: **2019 Work RVU:** 7.00
2007 NF PE RVU: **2019 NF PE RVU:** 51.17
2007 Fac PE RVU **2019 Fac PE RVU:** 2.01

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 708

2007 Work RVU: **2019 Work RVU:** 3.50
2007 NF PE RVU: **2019 NF PE RVU:** 18.57
2007 Fac PE RVU **2019 Fac PE RVU:** 0.95

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 15,367

2007 Work RVU: **2019 Work RVU:** 6.00
2007 NF PE RVU: **2019 NF PE RVU:** 35.54
2007 Fac PE RVU **2019 Fac PE RVU:** 1.82

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2017 Medicare Utilization:** 3,665

2007 Work RVU: **2019 Work RVU:** 2.97
2007 NF PE RVU: **2019 NF PE RVU:** 13.38
2007 Fac PE RVU **2019 Fac PE RVU:** 0.83

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2017 Medicare Utilization:**

2007 Work RVU: 2.10 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0.77 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2017 Medicare Utilization:**

2007 Work RVU: 1.60 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0.54 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2017 Medicare Utilization:** 32,500

2007 Work RVU: **2019 Work RVU:** 1.80
2007 NF PE RVU: **2019 NF PE RVU:** 33.60
2007 Fac PE RVU **2019 Fac PE RVU:** 0.47

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2017 Medicare Utilization:** 40,122

2007 Work RVU: **2019 Work RVU:** 1.44
2007 NF PE RVU: **2019 NF PE RVU:** 3.85
2007 Fac PE RVU **2019 Fac PE RVU:** 0.38

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 15,023

2007 Work RVU: 3.02 **2019 Work RVU:** 3.05
2007 NF PE RVU: 4.43 **2019 NF PE RVU:** 5.21
2007 Fac PE RVU 1.93 **2019 Fac PE RVU:** 2.28

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Result: PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** February 2011 **2017 Medicare Utilization:** 39

RUC Recommendation: 37.60 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 30.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 12.86
Result: Increase

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: 090 **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 11.49 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.52 **2019 Fac PE RVU:**
Result: Deleted from CPT

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 108

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 10.69 **2019 Work RVU:** 10.78
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.14 **2019 Fac PE RVU:** 4.84
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg** **Global:** 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** April 2009 **2017 Medicare Utilization:** 426

2007 Work RVU: **2019 Work RVU:** 9.13
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.49
Result: Increase

RUC Recommendation: 9.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions** **Global:** 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:** 16,027

2007 Work RVU: 7.63 **2019 Work RVU:** 7.71
2007 NF PE RVU: NA **2019 NF PE RVU:** 9.24
2007 Fac PE RVU 4.36 **2019 Fac PE RVU:** 3.68
Result: Decrease

RUC Recommendation: 4.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions** **Global:** 090 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:** 12,340

2007 Work RVU: 9.58 **2019 Work RVU:** 9.66
2007 NF PE RVU: NA **2019 NF PE RVU:** 10.40
2007 Fac PE RVU 5.01 **2019 Fac PE RVU:** 4.21
Result: Decrease

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg** **Global:** 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,278

2007 Work RVU: 3.87 **2019 Work RVU:** 3.93
2007 NF PE RVU: 5.12 **2019 NF PE RVU:** 5.25
2007 Fac PE RVU 2.69 **2019 Fac PE RVU:** 2.63
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38220 **Diagnostic bone marrow; aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2017 Medicare Utilization:** 31,016

2007 Work RVU: 1.08 **2019 Work RVU:** 1.20
2007 NF PE RVU: 3.46 **2019 NF PE RVU:** 3.35
2007 Fac PE RVU 0.5 **2019 Fac PE RVU:**0.63

RUC Recommendation: 1.20 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38221 **Diagnostic bone marrow; biopsy(ies)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2017 Medicare Utilization:** 126,201

2007 Work RVU: 1.37 **2019 Work RVU:** 1.28
2007 NF PE RVU: 3.64 **2019 NF PE RVU:** 3.02
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**0.63

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.44
2007 NF PE RVU: **2019 NF PE RVU:** 3.33
2007 Fac PE RVU **2019 Fac PE RVU:**0.70

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 630

2007 Work RVU: 6.08 **2019 Work RVU:** 7.95
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.3 **2019 Fac PE RVU:**5.62

RUC Recommendation: 7.85 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** January 2014 **2017 Medicare Utilization:** 3,206

RUC Recommendation: 9.34 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.28 **2019 Work RVU:** 8.49
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.98 **2019 Fac PE RVU:**4.79
Result: Maintain

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2017 Medicare Utilization:** 15,629

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 14.70 **2019 Work RVU:** 12.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.97 **2019 Fac PE RVU:**5.77
Result: Decrease

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **2017 Medicare Utilization:** 2,794

RUC Recommendation: 15.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 16.86 **2019 Work RVU:** 15.60
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.86 **2019 Fac PE RVU:**8.31
Result: Decrease

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2017 Medicare Utilization:** 32,471

RUC Recommendation: 0.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.52 **2019 Work RVU:** 0.65
2007 NF PE RVU: NA **2019 NF PE RVU:** 1.61
2007 Fac PE RVU 0.45 **2019 Fac PE RVU:**0.23
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: 010 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 8.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.68 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2017 Medicare Utilization:** 845

2007 Work RVU: **2019 Work RVU:** 5.44
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**2.24

RUC Recommendation: 5.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 08 **Specialty Developing Recommendation:** STS

First Identified: October 2014 **2017 Medicare Utilization:** 5,252

2007 Work RVU: **2019 Work RVU:** 7.25
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**2.77

RUC Recommendation: 7.50

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

3X000

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

3X001

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 5.50

Referred to CPT September 2018
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

3X002

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 6.00

Referred to CPT September 2018
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

3X003

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 5.00

Referred to CPT September 2018
Result: Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip**

Global: 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD

First Identified: April 2011 **2017 Medicare Utilization:** 33,066

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 1.75 **2019 NF PE RVU:** 2.20
2007 Fac PE RVU 0.61 **2019 Fac PE RVU:** 0.70

RUC Recommendation: 1.22

Referred to CPT
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40650 **Repair lip, full thickness; vermilion only** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2017 Medicare Utilization:** 380

2007 Work RVU: 3.69 **2019 Work RVU:** 3.78
2007 NF PE RVU: 6.58 **2019 NF PE RVU:** 8.68
2007 Fac PE RVU 3.26 **2019 Fac PE RVU:** 4.37

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2017 Medicare Utilization:** 1,842

2007 Work RVU: 1.19 **2019 Work RVU:** 1.23
2007 NF PE RVU: 3.18 **2019 NF PE RVU:** 4.65
2007 Fac PE RVU 1.8 **2019 Fac PE RVU:** 2.29

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

40808 **Biopsy, vestibule of mouth** **Global:** 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS **First Identified:** April 2017 **2017 Medicare Utilization:** 11,060

2007 Work RVU: 0.98 **2019 Work RVU:** 1.01
2007 NF PE RVU: 2.87 **2019 NF PE RVU:** 4.20
2007 Fac PE RVU 1.51 **2019 Fac PE RVU:** 1.89

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2017 Medicare Utilization:** 6,136

2007 Work RVU: 2.33 **2019 Work RVU:** 2.37
2007 NF PE RVU: 3.92 **2019 NF PE RVU:** 5.54
2007 Fac PE RVU 2.37 **2019 Fac PE RVU:** 2.87

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2017 Medicare Utilization:** 1,342

2007 Work RVU: 1.30 **2019 Work RVU:** 1.34
2007 NF PE RVU: 4.23 **2019 NF PE RVU:** 5.99
2007 Fac PE RVU 2.54 **2019 Fac PE RVU:**3.36

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 26 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** July 2014 **2017 Medicare Utilization:** 1,253

2007 Work RVU: **2019 Work RVU:** 3.50
2007 NF PE RVU: **2019 NF PE RVU:** 23.45
2007 Fac PE RVU **2019 Fac PE RVU:**6.73

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 41 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 726

2007 Work RVU: 9.63 **2019 Work RVU:** 9.78
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.33 **2019 Fac PE RVU:**8.83

RUC Recommendation: 9.63 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 5,041

2007 Work RVU: 17.99 **2019 Work RVU:** 17.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.11 **2019 Fac PE RVU:**10.63

RUC Recommendation: 18.12 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,628

2007 Work RVU: 20.87 **2019 Work RVU:** 19.53
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.46 **2019 Fac PE RVU:** 11.65
Result: Maintain

RUC Recommendation: 21.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,788

2007 Work RVU: 7.05 **2019 Work RVU:** 6.14
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.48 **2019 Fac PE RVU:** 4.78
Result: Maintain

RUC Recommendation: 7.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 2,936

2007 Work RVU: **2019 Work RVU:** 2.49
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.61
Result: Increase

RUC Recommendation: 2.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 209

2007 Work RVU: **2019 Work RVU:** 2.79
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.68
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 331

2007 Work RVU: **2019 Work RVU:** 2.79
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.68

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 175

2007 Work RVU: **2019 Work RVU:** 3.51
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.50

RUC Recommendation: 3.99 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 529

2007 Work RVU: **2019 Work RVU:** 3.07
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.81

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 391

2007 Work RVU: **2019 Work RVU:** 3.31
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.88

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2017 Medicare Utilization:** 1,508

RUC Recommendation: 1.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 1.52
2007 NF PE RVU: **2019 NF PE RVU:** 3.57
2007 Fac PE RVU **2019 Fac PE RVU:** 0.63
Result: Maintain

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2017 Medicare Utilization:** 237

RUC Recommendation: 1.89 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 1.82
2007 NF PE RVU: **2019 NF PE RVU:** 3.79
2007 Fac PE RVU **2019 Fac PE RVU:** 0.77
Result: Maintain

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 6,536

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.59 **2019 Work RVU:** 1.42
2007 NF PE RVU: 3.98 **2019 NF PE RVU:** 4.86
2007 Fac PE RVU 1.04 **2019 Fac PE RVU:** 0.89
Result: Maintain

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 243

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.09 **2019 Work RVU:** 1.72
2007 NF PE RVU: 4.86 **2019 NF PE RVU:** 4.58
2007 Fac PE RVU 1.12 **2019 Fac PE RVU:** 1.02
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 2,365

2007 Work RVU: 1.89 **2019 Work RVU:** 1.72
2007 NF PE RVU: 5.44 **2019 NF PE RVU:** 7.19
2007 Fac PE RVU 0.95 **2019 Fac PE RVU:** 1.03

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 25

2007 Work RVU: 3.76 **2019 Work RVU:** 2.33
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.63 **2019 Fac PE RVU:** 1.33

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 219

2007 Work RVU: 3.78 **2019 Work RVU:** 2.44
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.66 **2019 Fac PE RVU:** 1.37

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 64

2007 Work RVU: **2019 Work RVU:** 2.29
2007 NF PE RVU: **2019 NF PE RVU:** 5.26
2007 Fac PE RVU **2019 Fac PE RVU:** 1.31

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 110

2007 Work RVU: **2019 Work RVU:** 4.20
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.08

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 554

2007 Work RVU: **2019 Work RVU:** 3.40
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.54

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 302

2007 Work RVU: **2019 Work RVU:** 4.63
2007 NF PE RVU: **2019 NF PE RVU:** 28.54
2007 Fac PE RVU **2019 Fac PE RVU:** 2.26

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 288

2007 Work RVU: **2019 Work RVU:** 3.40
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.74

RUC Recommendation: 3.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,011

2007 Work RVU: 2.60 **2019 Work RVU:** 2.44
2007 NF PE RVU: NA **2019 NF PE RVU:** 7.74
2007 Fac PE RVU 1.22 **2019 Fac PE RVU:** 1.30

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 80

2007 Work RVU: 2.40 **2019 Work RVU:** 2.30
2007 NF PE RVU: 1.55 **2019 NF PE RVU:** 8.06
2007 Fac PE RVU 1.1 **2019 Fac PE RVU:** 1.29

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 85

2007 Work RVU: 2.90 **2019 Work RVU:** 2.80
2007 NF PE RVU: 6.85 **2019 NF PE RVU:** 7.94
2007 Fac PE RVU 1.25 **2019 Fac PE RVU:** 1.48

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.80 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.4 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 2,188

2007 Work RVU: 2.10 **2019 Work RVU:** 2.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 27.30
2007 Fac PE RVU 1.01 **2019 Fac PE RVU:**1.15

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,606

2007 Work RVU: 2.34 **2019 Work RVU:** 2.24
2007 NF PE RVU: NA **2019 NF PE RVU:** 6.99
2007 Fac PE RVU 1.1 **2019 Fac PE RVU:**1.20

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 234

2007 Work RVU: 3.59 **2019 Work RVU:** 2.89
2007 NF PE RVU: NA **2019 NF PE RVU:** 14.51
2007 Fac PE RVU 1.55 **2019 Fac PE RVU:**1.56

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 3.76 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.63 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 3,106

2007 Work RVU: **2019 Work RVU:** 3.49
2007 NF PE RVU: **2019 NF PE RVU:** 15.13
2007 Fac PE RVU **2019 Fac PE RVU:** 1.81

RUC Recommendation: 3.72 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 625

2007 Work RVU: 3.19 **2019 Work RVU:** 2.80
2007 NF PE RVU: NA **2019 NF PE RVU:** 6.66
2007 Fac PE RVU 1.42 **2019 Fac PE RVU:** 1.52

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 538

2007 Work RVU: 4.47 **2019 Work RVU:** 3.59
2007 NF PE RVU: NA **2019 NF PE RVU:** 7.88
2007 Fac PE RVU 1.96 **2019 Fac PE RVU:** 1.81

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2017 Medicare Utilization:** 1,854

2007 Work RVU: **2019 Work RVU:** 4.07
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.00

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.01 **2019 Work RVU:**
2007 NF PE RVU: 5.23 **2019 NF PE RVU:**
2007 Fac PE RVU 0.91 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2017 Medicare Utilization:** 343,668

2007 Work RVU: 2.39 **2019 Work RVU:** 2.09
2007 NF PE RVU: 5.19 **2019 NF PE RVU:** 5.24
2007 Fac PE RVU 1.11 **2019 Fac PE RVU:**1.21

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2017 Medicare Utilization:** 16,054

2007 Work RVU: 2.92 **2019 Work RVU:** 2.39
2007 NF PE RVU: 6.47 **2019 NF PE RVU:** 7.30
2007 Fac PE RVU 1.33 **2019 Fac PE RVU:**1.34

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 15,702

2007 Work RVU: 3.98 **2019 Work RVU:** 3.47
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.74 **2019 Fac PE RVU:** 1.82

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 11,864

2007 Work RVU: 5.02 **2019 Work RVU:** 4.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.11 **2019 Fac PE RVU:** 2.12

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** ACG, AGA, ASGE, SAGES **First Identified:** October 2010 **2017 Medicare Utilization:** 1,420,343

2007 Work RVU: 2.87 **2019 Work RVU:** 2.39
2007 NF PE RVU: 5.79 **2019 NF PE RVU:** 7.48
2007 Fac PE RVU 1.29 **2019 Fac PE RVU:** 1.34

RUC Recommendation: 2.56 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 790

2007 Work RVU: 6.85 **2019 Work RVU:** 7.15
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2019 Fac PE RVU:**3.43

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 4,111

2007 Work RVU: 2.59 **2019 Work RVU:** 2.49
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.18 **2019 Fac PE RVU:**1.33

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2017 Medicare Utilization:** 25,011

2007 Work RVU: 7.30 **2019 Work RVU:** 4.73
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.98 **2019 Fac PE RVU:**2.37

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

Status Report: CMS Requests and Relativity Assessment Issues

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,020

2007 Work RVU: 4.56 **2019 Work RVU:** 4.27
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.94 **2019 Fac PE RVU:** 2.11

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 21,567

2007 Work RVU: 5.04 **2019 Work RVU:** 4.40
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.14 **2019 Fac PE RVU:** 2.22

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 14,994

2007 Work RVU: 3.18 **2019 Work RVU:** 3.08
2007 NF PE RVU: NA **2019 NF PE RVU:** 12.69
2007 Fac PE RVU 1.39 **2019 Fac PE RVU:** 1.60

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 82,181

2007 Work RVU: 4.32 **2019 Work RVU:** 3.56
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.8 **2019 Fac PE RVU:** 1.75

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 29,296

2007 Work RVU: 3.38 **2019 Work RVU:** 3.11
2007 NF PE RVU: NA **2019 NF PE RVU:** 6.70
2007 Fac PE RVU 1.48 **2019 Fac PE RVU:**1.64

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 108,369

2007 Work RVU: 3.15 **2019 Work RVU:** 2.91
2007 NF PE RVU: NA **2019 NF PE RVU:** 7.23
2007 Fac PE RVU 1.43 **2019 Fac PE RVU:**1.57

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 113,196

2007 Work RVU: 2.90 **2019 Work RVU:** 2.67
2007 NF PE RVU: NA **2019 NF PE RVU:** 26.96
2007 Fac PE RVU 1.32 **2019 Fac PE RVU:**1.46

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 4,517

2007 Work RVU: 3.20 **2019 Work RVU:** 2.97
2007 NF PE RVU: NA **2019 NF PE RVU:** 8.36
2007 Fac PE RVU 1.4 **2019 Fac PE RVU:**1.54

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 31,626

2007 Work RVU: 3.69 **2019 Work RVU:** 3.47
2007 NF PE RVU: NA **2019 NF PE RVU:** 9.11
2007 Fac PE RVU 1.6 **2019 Fac PE RVU:** 1.81

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** February 2012 **2017 Medicare Utilization:** 1,889

2007 Work RVU: **2019 Work RVU:** 4.73
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.37

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2017 Medicare Utilization:** 5,014

2007 Work RVU: **2019 Work RVU:** 4.87
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.42

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 61,195

2007 Work RVU: 4.81 **2019 Work RVU:** 3.56
2007 NF PE RVU: NA **2019 NF PE RVU:** 14.75
2007 Fac PE RVU 2.05 **2019 Fac PE RVU:** 1.86

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 4.34 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.85 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 236

2007 Work RVU: 5.50 **2019 Work RVU:** 4.15
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.16 **2019 Fac PE RVU:** 2.07

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 4.54 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.94 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2017 Medicare Utilization:** 33,421

2007 Work RVU: 5.19 **2019 Work RVU:** 4.04
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.17 **2019 Fac PE RVU:**2.08

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 5,769

2007 Work RVU: 5.95 **2019 Work RVU:** 5.85
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.49 **2019 Fac PE RVU:**2.86

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 8,135

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.26 **2019 Work RVU:** 6.15
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.61 **2019 Fac PE RVU:**2.99
Result: Decrease

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 32,697

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.38 **2019 Work RVU:** 6.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2019 Fac PE RVU:**3.15
Result: Decrease

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 167

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.28 **2019 Work RVU:** 6.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.02 **2019 Fac PE RVU:**3.14
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2017 Medicare Utilization:** 52,702

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 8.89 **2019 Work RVU:** 6.63
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.61 **2019 Fac PE RVU:**3.20
Result: Decrease

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 2,731

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 10.00 **2019 Work RVU:** 7.93
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2019 Fac PE RVU:**3.76
Result: Decrease

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2017 Medicare Utilization:** 5,434

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.92
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**1.91
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 7.38 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.01 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2017 Medicare Utilization:**

2007 Work RVU: 7.38 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.15 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 8.20 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.35 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2017 Medicare Utilization:** 19,091

2007 Work RVU: **2019 Work RVU:** 4.01
2007 NF PE RVU: **2019 NF PE RVU:** 15.13
2007 Fac PE RVU **2019 Fac PE RVU:** 2.05

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 7.38 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.03 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 7.38 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.05 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 7,671

2007 Work RVU: **2019 Work RVU:** 2.24
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.97

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 41,557

2007 Work RVU: **2019 Work RVU:** 8.48
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.00

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 13,294

2007 Work RVU: **2019 Work RVU:** 6.86
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.30

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 14,149

2007 Work RVU: **2019 Work RVU:** 8.84
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 4.16

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 6,325

2007 Work RVU: **2019 Work RVU:** 6.90
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.32

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 491

2007 Work RVU: **2019 Work RVU:** 7.92
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.75

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2017 Medicare Utilization:** 69,666

2007 Work RVU: 1.38 **2019 Work RVU:** 1.28
2007 NF PE RVU: 2.64 **2019 NF PE RVU:** 3.25
2007 Fac PE RVU 0.75 **2019 Fac PE RVU:**0.86

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2017 Medicare Utilization:** 1,856

2007 Work RVU: 1.51 **2019 Work RVU:** 1.41
2007 NF PE RVU: 6.12 **2019 NF PE RVU:** 23.84
2007 Fac PE RVU 0.8 **2019 Fac PE RVU:**0.90

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.57 **2019 Work RVU:**
2007 NF PE RVU: 13.55 **2019 NF PE RVU:**
2007 Fac PE RVU 1.2 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 3.06 **2019 Work RVU:**
2007 NF PE RVU: 6.72 **2019 NF PE RVU:**
2007 Fac PE RVU 1.37 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2017 Medicare Utilization:** 54,951

2007 Work RVU: 1.10 **2019 Work RVU:**
2007 NF PE RVU: 4.77 **2019 NF PE RVU:**
2007 Fac PE RVU 0.44 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43762 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.75
2007 NF PE RVU: **2019 NF PE RVU:** 5.45
2007 Fac PE RVU **2019 Fac PE RVU:** 0.23

RUC Recommendation: 0.75. Flag for Re-review. **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43763 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.41
2007 NF PE RVU: **2019 NF PE RVU:** 7.76
2007 Fac PE RVU **2019 Fac PE RVU:** 0.80

RUC Recommendation: 1.41. Flag for Re-review. **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:**

First Identified: October 2015 **2017 Medicare Utilization:** 10,300

2007 Work RVU: 27.63 **2019 Work RVU:** 27.79
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.6 **2019 Fac PE RVU:** 14.19

RUC Recommendation: 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS

First Identified: October 2008 **2017 Medicare Utilization:** 11,637

2007 Work RVU: 22.86 **2019 Work RVU:** 22.95
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.6 **2019 Fac PE RVU:** 11.05

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS, ASCRS

First Identified: February 2008 **2017 Medicare Utilization:** 9,090

2007 Work RVU: 31.79 **2019 Work RVU:** 31.92
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.17 **2019 Fac PE RVU:** 14.45

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG

First Identified: September 2011 **2017 Medicare Utilization:** 2,163

2007 Work RVU: 1.05 **2019 Work RVU:** 0.87
2007 NF PE RVU: NA **2019 NF PE RVU:** 3.99
2007 Fac PE RVU 0.6 **2019 Fac PE RVU:** 0.66

RUC Recommendation: 0.97

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2017 Medicare Utilization:** 153

2007 Work RVU: **2019 Work RVU:** 1.38
2007 NF PE RVU: **2019 NF PE RVU:** 25.51
2007 Fac PE RVU **2019 Fac PE RVU:** 0.87

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple** **Global:** 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2017 Medicare Utilization:** 1,526

2007 Work RVU: 1.27 **2019 Work RVU:** 1.17
2007 NF PE RVU: NA **2019 NF PE RVU:** 6.47
2007 Fac PE RVU 0.67 **2019 Fac PE RVU:** 0.81

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.94 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.36 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2017 Medicare Utilization:** 115

2007 Work RVU: **2019 Work RVU:** 2.85
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.29

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,360

2007 Work RVU: 1.82 **2019 Work RVU:** 1.20
2007 NF PE RVU: 3.73 **2019 NF PE RVU:** 4.23
2007 Fac PE RVU 0.79 **2019 Fac PE RVU:**0.72

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,581

2007 Work RVU: 2.12 **2019 Work RVU:** 1.50
2007 NF PE RVU: 6.66 **2019 NF PE RVU:** 6.65
2007 Fac PE RVU 0.93 **2019 Fac PE RVU:**0.89

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2017 Medicare Utilization:** 4,453

2007 Work RVU: 2.82 **2019 Work RVU:** 2.72
2007 NF PE RVU: 5.34 **2019 NF PE RVU:** 5.27
2007 Fac PE RVU 1.21 **2019 Fac PE RVU:**1.41

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2017 Medicare Utilization:** 2,537

2007 Work RVU: 3.13 **2019 Work RVU:** 3.02
2007 NF PE RVU: 6.73 **2019 NF PE RVU:** 7.63
2007 Fac PE RVU 1.35 **2019 Fac PE RVU:**1.57

RUC Recommendation: 3.12

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2017 Medicare Utilization:** 38

2007 Work RVU: 3.82 **2019 Work RVU:** 3.74
2007 NF PE RVU: 7.32 **2019 NF PE RVU:** 6.74
2007 Fac PE RVU 1.57 **2019 Fac PE RVU:**1.95

RUC Recommendation: 3.82

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2017 Medicare Utilization:** 180

2007 Work RVU: 4.31 **2019 Work RVU:** 4.12
2007 NF PE RVU: 8.78 **2019 NF PE RVU:** 14.67
2007 Fac PE RVU 1.83 **2019 Fac PE RVU:**2.07

RUC Recommendation: 4.22

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2017 Medicare Utilization:** 417

2007 Work RVU: 3.81 **2019 Work RVU:** 3.53
2007 NF PE RVU: 6.78 **2019 NF PE RVU:** 6.16
2007 Fac PE RVU 1.55 **2019 Fac PE RVU:** 1.73

RUC Recommendation: 3.63

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 4.83 **2019 Work RVU:**
2007 NF PE RVU: 7.14 **2019 NF PE RVU:**
2007 Fac PE RVU 1.91 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011 **2017 Medicare Utilization:** 1,725

2007 Work RVU: 4.42 **2019 Work RVU:** 4.03
2007 NF PE RVU: 7.97 **2019 NF PE RVU:** 7.18
2007 Fac PE RVU 1.81 **2019 Fac PE RVU:** 1.99

RUC Recommendation: 4.13

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 4.70 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.93 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2017 Medicare Utilization:** 70

2007 Work RVU: **2019 Work RVU:** 4.34
2007 NF PE RVU: **2019 NF PE RVU:** 81.25
2007 Fac PE RVU **2019 Fac PE RVU:** 2.12

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2017 Medicare Utilization:** 14

2007 Work RVU: **2019 Work RVU:** 4.70
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.36

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44403 **Colonoscopy through stoma; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2017 Medicare Utilization:** 63

2007 Work RVU: **2019 Work RVU:** 5.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.68

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2017 Medicare Utilization:** 181

2007 Work RVU: **2019 Work RVU:** 3.02
2007 NF PE RVU: **2019 NF PE RVU:** 7.36
2007 Fac PE RVU **2019 Fac PE RVU:** 1.59

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2017 Medicare Utilization:** 53

2007 Work RVU: **2019 Work RVU:** 3.23
2007 NF PE RVU: **2019 NF PE RVU:** 11.92
2007 Fac PE RVU **2019 Fac PE RVU:** 1.72

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2017 Medicare Utilization:** 4

2007 Work RVU: **2019 Work RVU:** 4.10
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.10

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2017 Medicare Utilization:** 1

2007 Work RVU: **2019 Work RVU:** 4.96
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.48

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2017 Medicare Utilization:** 59

2007 Work RVU: **2019 Work RVU:** 4.14
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.11

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.37 **2019 Work RVU:**
2007 NF PE RVU: 25.61 **2019 NF PE RVU:**
2007 Fac PE RVU 1.07 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACS

First Identified: October 2008 **2017 Medicare Utilization:** 21,283

2007 Work RVU: 9.35 **2019 Work RVU:** 9.45
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.11 **2019 Fac PE RVU:** 5.75

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

45170 **Deleted from CPT**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

First Identified: September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 12.48 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.28 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS

First Identified: September 2007 **2017 Medicare Utilization:** 2,552

2007 Work RVU: **2019 Work RVU:** 8.13
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 7.72

RUC Recommendation: 8.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2017 Medicare Utilization:** 2,075

2007 Work RVU: **2019 Work RVU:** 12.13
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 9.21
Result: Decrease

RUC Recommendation: 12.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2017 Medicare Utilization:** 27,327

2007 Work RVU: 0.38 **2019 Work RVU:** 0.80
2007 NF PE RVU: 1.63 **2019 NF PE RVU:** 2.54
2007 Fac PE RVU 0.3 **2019 Fac PE RVU:** 0.48
Result: Maintain

RUC Recommendation: 0.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2017 Medicare Utilization:** 53,991

2007 Work RVU: 0.96 **2019 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2019 NF PE RVU:** 3.92
2007 Fac PE RVU 0.53 **2019 Fac PE RVU:** 0.67
Result: Decrease

RUC Recommendation: 0.84

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 36,069

2007 Work RVU: 1.15 **2019 Work RVU:** 1.14
2007 NF PE RVU: 3.11 **2019 NF PE RVU:** 6.31
2007 Fac PE RVU 0.64 **2019 Fac PE RVU:** 0.79

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 320

2007 Work RVU: 1.79 **2019 Work RVU:** 1.76
2007 NF PE RVU: 5.15 **2019 NF PE RVU:** 5.34
2007 Fac PE RVU 0.86 **2019 Fac PE RVU:** 1.04

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,038

2007 Work RVU: 1.79 **2019 Work RVU:** 1.55
2007 NF PE RVU: 5.06 **2019 NF PE RVU:** 6.88
2007 Fac PE RVU 0.85 **2019 Fac PE RVU:** 0.94

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 3,282

2007 Work RVU: 2.73 **2019 Work RVU:** 2.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 13.10
2007 Fac PE RVU 1.24 **2019 Fac PE RVU:**1.17

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 3,128

2007 Work RVU: 1.46 **2019 Work RVU:** 1.04
2007 NF PE RVU: 3.74 **2019 NF PE RVU:** 5.96
2007 Fac PE RVU 0.75 **2019 Fac PE RVU:**0.74

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,402

2007 Work RVU: 2.36 **2019 Work RVU:** 2.10
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.06 **2019 Fac PE RVU:**0.96

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 4,819

2007 Work RVU: 2.34 **2019 Work RVU:** 2.05
2007 NF PE RVU: 5.37 **2019 NF PE RVU:** 5.55
2007 Fac PE RVU 1.07 **2019 Fac PE RVU:** 1.17

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 3.14 **2019 Work RVU:**
2007 NF PE RVU: 4.03 **2019 NF PE RVU:**
2007 Fac PE RVU 1.38 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 1,312

2007 Work RVU: 1.89 **2019 Work RVU:** 1.25
2007 NF PE RVU: 7.18 **2019 NF PE RVU:** 11.19
2007 Fac PE RVU 0.89 **2019 Fac PE RVU:** 0.83

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2017 Medicare Utilization:** 3,167

2007 Work RVU: 2.60 **2019 Work RVU:** 2.12
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.17 **2019 Fac PE RVU:** 1.22

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2017 Medicare Utilization:** 428

2007 Work RVU: 4.05 **2019 Work RVU:** 2.98
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.71 **2019 Fac PE RVU:** 1.61

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.92 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.26 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2017 Medicare Utilization:** 1,112

2007 Work RVU: **2019 Work RVU:** 2.81
2007 NF PE RVU: **2019 NF PE RVU:** 79.17
2007 Fac PE RVU **2019 Fac PE RVU:** 1.51

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2017 Medicare Utilization:** 632

2007 Work RVU: **2019 Work RVU:** 2.72
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.44

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2017 Medicare Utilization:** 508

2007 Work RVU: **2019 Work RVU:** 3.52
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.83

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2017 Medicare Utilization:** 1,017

2007 Work RVU: **2019 Work RVU:** 1.68
2007 NF PE RVU: **2019 NF PE RVU:** 14.47
2007 Fac PE RVU **2019 Fac PE RVU:** 1.02

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** 000 **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 3.51 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.43 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 398,153

2007 Work RVU: 3.69 **2019 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2019 NF PE RVU:** 5.46
2007 Fac PE RVU 1.57 **2019 Fac PE RVU:** 1.69

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 907

2007 Work RVU: 4.68 **2019 Work RVU:** 4.28
2007 NF PE RVU: 7.78 **2019 NF PE RVU:** 6.99
2007 Fac PE RVU 1.92 **2019 Fac PE RVU:** 2.13

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2017 Medicare Utilization:** 1,027,598

2007 Work RVU: 4.43 **2019 Work RVU:** 3.56
2007 NF PE RVU: 7.33 **2019 NF PE RVU:** 7.76
2007 Fac PE RVU 1.87 **2019 Fac PE RVU:** 1.84

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2017 Medicare Utilization:** 79,785

2007 Work RVU: 4.19 **2019 Work RVU:** 3.56
2007 NF PE RVU: 7.26 **2019 NF PE RVU:** 7.49
2007 Fac PE RVU 1.79 **2019 Fac PE RVU:** 1.84

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 24,666

2007 Work RVU: 5.68 **2019 Work RVU:** 4.66
2007 NF PE RVU: 10.04 **2019 NF PE RVU:** 14.96
2007 Fac PE RVU 2.37 **2019 Fac PE RVU:** 2.32

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 5.86 **2019 Work RVU:**
2007 NF PE RVU: 8.08 **2019 NF PE RVU:**
2007 Fac PE RVU 2.34 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 102,515

2007 Work RVU: 4.69 **2019 Work RVU:** 4.07
2007 NF PE RVU: 6.9 **2019 NF PE RVU:** 8.44
2007 Fac PE RVU 1.93 **2019 Fac PE RVU:** 1.99

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES **First Identified:** October 2010 **2017 Medicare Utilization:** 871,786

2007 Work RVU: 5.30 **2019 Work RVU:** 4.57
2007 NF PE RVU: 7.94 **2019 NF PE RVU:** 7.20
2007 Fac PE RVU 2.18 **2019 Fac PE RVU:** 2.27

RUC Recommendation: 4.67 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 2,176

2007 Work RVU: 4.57 **2019 Work RVU:** 3.77
2007 NF PE RVU: 12.37 **2019 NF PE RVU:** 12.72
2007 Fac PE RVU 1.89 **2019 Fac PE RVU:** 1.92

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 5.90 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 2.49 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2017 Medicare Utilization:** 29,415

2007 Work RVU: **2019 Work RVU:** 4.88
2007 NF PE RVU: **2019 NF PE RVU:** 81.30
2007 Fac PE RVU **2019 Fac PE RVU:** 2.36

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2017 Medicare Utilization:** 511

2007 Work RVU: **2019 Work RVU:** 5.24
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.54

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45390 **Colonoscopy, flexible; with endoscopic mucosal resection**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2017 Medicare Utilization:** 15,915

2007 Work RVU: **2019 Work RVU:** 6.04
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.93

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 917

2007 Work RVU: 5.09 **2019 Work RVU:** 4.64
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2019 Fac PE RVU:** 2.32

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 177

2007 Work RVU: 6.54 **2019 Work RVU:** 5.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.65 **2019 Fac PE RVU:** 2.71

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2017 Medicare Utilization:** 2,099

2007 Work RVU: **2019 Work RVU:** 4.68
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.06

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2017 Medicare Utilization:** 2,778

2007 Work RVU: **2019 Work RVU:** 4.20
2007 NF PE RVU: **2019 NF PE RVU:** 16.00
2007 Fac PE RVU **2019 Fac PE RVU:** 2.01

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

46200 **Fissurectomy, including sphincterotomy, when performed** **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,015

2007 Work RVU: 3.48 **2019 Work RVU:** 3.59
2007 NF PE RVU: 4.46 **2019 NF PE RVU:** 8.75
2007 Fac PE RVU 3.08 **2019 Fac PE RVU:** 5.20

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

46500 **Injection of sclerosing solution, hemorrhoids** **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2017 Medicare Utilization:** 12,851

2007 Work RVU: 1.64 **2019 Work RVU:** 1.74
2007 NF PE RVU: 2.48 **2019 NF PE RVU:** 6.21
2007 Fac PE RVU 1.18 **2019 Fac PE RVU:** 3.10

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.69 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.17 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age** **Global:** 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2017 Medicare Utilization:** 1,620

2007 Work RVU: 83.29 **2019 Work RVU:** 90.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 30.59 **2019 Fac PE RVU:**44.38

RUC Recommendation: 91.78 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age** **Global:** 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2017 Medicare Utilization:**

2007 Work RVU: 70.39 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 26.2 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2017 Medicare Utilization:** 2,874

2007 Work RVU: 15.19 **2019 Work RVU:** 14.97
2007 NF PE RVU: NA **2019 NF PE RVU:** 114.40
2007 Fac PE RVU 5.83 **2019 Fac PE RVU:**5.27

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 04 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2017 Medicare Utilization:** 11,556

2007 Work RVU: 8.05 **2019 Work RVU:** 4.76
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.32 **2019 Fac PE RVU:**4.38

RUC Recommendation: 4.76 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 1.96 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0.62 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.76 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0.24 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 7.94 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.76 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 10.74 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.87 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47525 **Change of percutaneous biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 5.55 **2019 Work RVU:**
2007 NF PE RVU: 14.8 **2019 NF PE RVU:**
2007 Fac PE RVU 2.67 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47530 **Revision and/or reinsertion of transhepatic tube**

Global: 090 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2017 Medicare Utilization:**

2007 Work RVU: 5.96 **2019 Work RVU:**
2007 NF PE RVU: 32.56 **2019 NF PE RVU:**
2007 Fac PE RVU 3.53 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2017 Medicare Utilization:** 8,506

2007 Work RVU: **2019 Work RVU:** 1.30
2007 NF PE RVU: **2019 NF PE RVU:** 8.47
2007 Fac PE RVU **2019 Fac PE RVU:** 0.64

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 714

RUC Recommendation: 4.50

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.25

2007 NF PE RVU: **2019 NF PE RVU:** 18.58

2007 Fac PE RVU **2019 Fac PE RVU:** 1.53

Result: Increase

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 1,660

RUC Recommendation: 5.63

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 5.38

2007 NF PE RVU: **2019 NF PE RVU:** 29.38

2007 Fac PE RVU **2019 Fac PE RVU:** 1.88

Result: Increase

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 4,462

RUC Recommendation: 7.85

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 7.60

2007 NF PE RVU: **2019 NF PE RVU:** 32.80

2007 Fac PE RVU **2019 Fac PE RVU:** 2.55

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 474

RUC Recommendation: 4.20

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.95

2007 NF PE RVU: **2019 NF PE RVU:** 24.15

2007 Fac PE RVU **2019 Fac PE RVU:** 1.45

Result: Increase

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 13,190

RUC Recommendation: 2.86

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 2.61

2007 NF PE RVU: **2019 NF PE RVU:** 16.75

2007 Fac PE RVU **2019 Fac PE RVU:** 1.00

Result: Increase

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 1,531

RUC Recommendation: 1.85

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 1.84

2007 NF PE RVU: **2019 NF PE RVU:** 9.51

2007 Fac PE RVU **2019 Fac PE RVU:** 0.79

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 1,131

RUC Recommendation: 5.00

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.75

2007 NF PE RVU: **2019 NF PE RVU:** 116.63

2007 Fac PE RVU **2019 Fac PE RVU:** 1.71

Result: Increase

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 154

RUC Recommendation: 9.00

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 8.75

2007 NF PE RVU: **2019 NF PE RVU:** 125.56

2007 Fac PE RVU **2019 Fac PE RVU:** 2.90

Result: Increase

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 280

RUC Recommendation: 9.28

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 9.03

2007 NF PE RVU: **2019 NF PE RVU:** 127.57

2007 Fac PE RVU **2019 Fac PE RVU:** 3.00

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 130

RUC Recommendation: 7.00

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 6.75

2007 NF PE RVU: **2019 NF PE RVU:** 26.45

2007 Fac PE RVU **2019 Fac PE RVU:** 2.28

Result: Increase

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 1,245

RUC Recommendation: 2.85

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 2.85

2007 NF PE RVU: **2019 NF PE RVU:** 10.82

2007 Fac PE RVU **2019 Fac PE RVU:** 0.84

Result: Increase

47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:** 827

RUC Recommendation: 3.00

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.00

2007 NF PE RVU: **2019 NF PE RVU:** 10.11

2007 Fac PE RVU **2019 Fac PE RVU:** 0.93

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2017 Medicare Utilization:** 291

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.28
2007 NF PE RVU: **2019 NF PE RVU:** 25.69
2007 Fac PE RVU **2019 Fac PE RVU:** 1.02
Result: Increase

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: 000 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **2017 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 4.88 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.57 **2019 Fac PE RVU:**
Result: Maintain

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2017 Medicare Utilization:** 105,501

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 11.63 **2019 Work RVU:** 10.47
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.06 **2019 Fac PE RVU:** 6.14
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2017 Medicare Utilization:** 42,037

2007 Work RVU: 12.03 **2019 Work RVU:** 11.47
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.24 **2019 Fac PE RVU:**6.55

RUC Recommendation: No further action. 12.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2017 Medicare Utilization:** 9,561

2007 Work RVU: 17.35 **2019 Work RVU:** 17.48
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.4 **2019 Fac PE RVU:**9.40

RUC Recommendation: 20.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2017 Medicare Utilization:** 1,722

2007 Work RVU: 15.90 **2019 Work RVU:** 18.48
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.47 **2019 Fac PE RVU:**9.75

RUC Recommendation: 21.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** SIR

First Identified: September 2007 **2017 Medicare Utilization:** 1,147

2007 Work RVU: 4.68 **2019 Work RVU:** 4.70
2007 NF PE RVU: 8.21 **2019 NF PE RVU:** 10.10
2007 Fac PE RVU 1.85 **2019 Fac PE RVU:** 1.83

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.99 **2019 Work RVU:**
2007 NF PE RVU: 20.43 **2019 NF PE RVU:**
2007 Fac PE RVU 1.27 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.37 **2019 Work RVU:**
2007 NF PE RVU: 20.43 **2019 NF PE RVU:**
2007 Fac PE RVU 1.07 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.99 **2019 Work RVU:**
2007 NF PE RVU: 19.33 **2019 NF PE RVU:**
2007 Fac PE RVU 1.27 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49061 **Drainage of retroperitoneal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.69 **2019 Work RVU:**
2007 NF PE RVU: 19.38 **2019 NF PE RVU:**
2007 Fac PE RVU 1.17 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 1.35 **2019 Work RVU:**
2007 NF PE RVU: 3.63 **2019 NF PE RVU:**
2007 Fac PE RVU 0.45 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent** **Global:** 000 **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.26 **2019 Work RVU:**
2007 NF PE RVU: 2.65 **2019 NF PE RVU:**
2007 Fac PE RVU 0.43 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2017 Medicare Utilization:** 12,015

2007 Work RVU: **2019 Work RVU:** 1.24
2007 NF PE RVU: **2019 NF PE RVU:** 4.27
2007 Fac PE RVU **2019 Fac PE RVU:** 0.72

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2017 Medicare Utilization:** 241,103

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** 6.26
2007 Fac PE RVU **2019 Fac PE RVU:** 0.93

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2017 Medicare Utilization:** 2,360

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.71

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2017 Medicare Utilization:** 6,018

RUC Recommendation: 4.25

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.00

2007 NF PE RVU: **2019 NF PE RVU:** 19.58

2007 Fac PE RVU **2019 Fac PE RVU:** 1.37

Result: Decrease

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2017 Medicare Utilization:** 32,174

RUC Recommendation: 4.25

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.00

2007 NF PE RVU: **2019 NF PE RVU:** 19.57

2007 Fac PE RVU **2019 Fac PE RVU:** 1.37

Result: Decrease

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012 **2017 Medicare Utilization:** 249

RUC Recommendation: 4.50

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.25

2007 NF PE RVU: **2019 NF PE RVU:** 14.78

2007 Fac PE RVU **2019 Fac PE RVU:** 1.41

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: February 2010 **2017 Medicare Utilization:** 5,910

2007 Work RVU: **2019 Work RVU:** 3.96
2007 NF PE RVU: **2019 NF PE RVU:** 31.77
2007 Fac PE RVU **2019 Fac PE RVU:** 1.54

RUC Recommendation: 4.21

Referred to CPT February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: 000 **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACS

First Identified: April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 2.22 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.11 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: September 2007 **2017 Medicare Utilization:** 2,224

2007 Work RVU: 5.87 **2019 Work RVU:** 4.21
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.15 **2019 Fac PE RVU:** 1.49

RUC Recommendation: 4.21

Referred to CPT February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter** **Global:** 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 14 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** October 2016 **2017 Medicare Utilization:** 11,531

2007 Work RVU: 6.26 **2019 Work RVU:** 4.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.82 **2019 Fac PE RVU:**1.57

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49505 **Repair initial inguinal hernia, age 5 years or older; reducible** **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2017 Medicare Utilization:** 59,869

2007 Work RVU: 7.88 **2019 Work RVU:** 7.96
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.78 **2019 Fac PE RVU:**5.24

RUC Recommendation: Reaffirmed **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 10,937

2007 Work RVU: 9.97 **2019 Work RVU:** 9.09
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2019 Fac PE RVU:**5.74

RUC Recommendation: 10.05 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 2,096

2007 Work RVU: 12.36 **2019 Work RVU:** 11.48
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2019 Fac PE RVU:**6.57

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2017 Medicare Utilization:** 8,685

2007 Work RVU: 7.96 **2019 Work RVU:** 7.08
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.77 **2019 Fac PE RVU:** 5.02

RUC Recommendation: 8.04 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2017 Medicare Utilization:** 8,792

2007 Work RVU: **2019 Work RVU:** 11.92
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.83

RUC Recommendation: 12.88 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2017 Medicare Utilization:** 5,223

2007 Work RVU: **2019 Work RVU:** 14.94
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 8.45

RUC Recommendation: 16.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2017 Medicare Utilization:** 7,041

2007 Work RVU: **2019 Work RVU:** 13.76
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 7.51

RUC Recommendation: 15.03 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated** **Global:** 090 **Issue:** Laparoscopic Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 30 **Specialty Developing Recommendation:** ACS **First Identified:** June 2010 **2017 Medicare Utilization:** 4,404

2007 Work RVU: **2019 Work RVU:** 16.84
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 9.12

RUC Recommendation: 18.11 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50021 **Drainage of perirenal or renal abscess; percutaneous** **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.37 **2019 Work RVU:**
2007 NF PE RVU: 21.23 **2019 NF PE RVU:**
2007 Fac PE RVU 1.07 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle** **Global:** 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2017 Medicare Utilization:** 35,849

2007 Work RVU: 2.63 **2019 Work RVU:** 2.38
2007 NF PE RVU: NA **2019 NF PE RVU:** 12.67
2007 Fac PE RVU 1.24 **2019 Fac PE RVU:** 1.10

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy** **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2012 **2017 Medicare Utilization:** 10,983

2007 Work RVU: 40.45 **2019 Work RVU:** 39.88
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 16.32 **2019 Fac PE RVU:** 21.06

RUC Recommendation: 40.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 6,640

2007 Work RVU: 2.00 **2019 Work RVU:** 1.75
2007 NF PE RVU: 16.66 **2019 NF PE RVU:** 12.76
2007 Fac PE RVU 0.65 **2019 Fac PE RVU:** 0.53

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous** **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.37 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.46 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 4.15 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.71 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.76 **2019 Work RVU:**
2007 NF PE RVU: 2.45 **2019 NF PE RVU:**
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 3,264

2007 Work RVU: 3.37 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.47 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

50398 **Change of nephrostomy or pyelostomy tube**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 1.46 **2019 Work RVU:**
2007 NF PE RVU: 15.06 **2019 NF PE RVU:**
2007 Fac PE RVU 0.51 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 1,159

2007 Work RVU: **2019 Work RVU:** 2.90
2007 NF PE RVU: **2019 NF PE RVU:** 11.36
2007 Fac PE RVU **2019 Fac PE RVU:** 1.29

RUC Recommendation: 3.15

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 9,459

2007 Work RVU: **2019 Work RVU:** 1.10
2007 NF PE RVU: **2019 NF PE RVU:** 4.83
2007 Fac PE RVU **2019 Fac PE RVU:** 0.70

RUC Recommendation: 1.42

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 26,549

RUC Recommendation: 4.00

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.00

2007 NF PE RVU: **2019 NF PE RVU:** 19.17

2007 Fac PE RVU **2019 Fac PE RVU:** 1.63

Result: Maintain

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2017 Medicare Utilization:** 4,920

RUC Recommendation: 5.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 5.05

2007 NF PE RVU: **2019 NF PE RVU:** 25.76

2007 Fac PE RVU **2019 Fac PE RVU:** 1.95

Result: Maintain

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 2,079

RUC Recommendation: 4.20

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.75

2007 NF PE RVU: **2019 NF PE RVU:** 20.58

2007 Fac PE RVU **2019 Fac PE RVU:** 1.52

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 40,872

RUC Recommendation: 2.00

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2019 Work RVU:** 1.82
2007 NF PE RVU:	**2019 NF PE RVU:** 12.65
2007 Fac PE RVU	**2019 Fac PE RVU:** 0.92
Result: Increase	

50436 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2017 Medicare Utilization:**

RUC Recommendation: 3.37

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2019 Work RVU:** 2.78
2007 NF PE RVU:	**2019 NF PE RVU:** NA
2007 Fac PE RVU	**2019 Fac PE RVU:** 1.32
Result: Decrease	

50437 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2017 Medicare Utilization:**

RUC Recommendation: 5.44

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU:	**2019 Work RVU:** 4.85
2007 NF PE RVU:	**2019 NF PE RVU:** NA
2007 Fac PE RVU	**2019 Fac PE RVU:** 1.99
Result: Decrease	

Status Report: CMS Requests and Relativity Assessment Issues

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2017 Medicare Utilization:** 285

2007 Work RVU: 21.18 **2019 Work RVU:** 21.36
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.93 **2019 Fac PE RVU:** 10.02

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2017 Medicare Utilization:** 2,263

2007 Work RVU: 25.26 **2019 Work RVU:** 25.36
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.99 **2019 Fac PE RVU:** 10.77

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2017 Medicare Utilization:** 57,770

2007 Work RVU: 9.64 **2019 Work RVU:** 9.77
2007 NF PE RVU: 13.6 **2019 NF PE RVU:** 10.15
2007 Fac PE RVU 4.65 **2019 Fac PE RVU:** 5.60

RUC Recommendation: 9.77

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2017 Medicare Utilization:** 3,280

2007 Work RVU: 16.66 **2019 Work RVU:** 16.79
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.06 **2019 Fac PE RVU:** 8.58

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 119

RUC Recommendation: 3.16

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.16

2007 NF PE RVU: **2019 NF PE RVU:** 15.36

2007 Fac PE RVU **2019 Fac PE RVU:** 0.99

Result: Increase

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 4,549

RUC Recommendation: 4.60

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.96

2007 NF PE RVU: **2019 NF PE RVU:** 24.43

2007 Fac PE RVU **2019 Fac PE RVU:** 1.63

Result: Increase

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 989

RUC Recommendation: 6.00

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 5.25

2007 NF PE RVU: **2019 NF PE RVU:** 26.00

2007 Fac PE RVU **2019 Fac PE RVU:** 2.07

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 1,722

RUC Recommendation: 7.55

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 6.80

2007 NF PE RVU: **2019 NF PE RVU:** 31.32

2007 Fac PE RVU **2019 Fac PE RVU:** 2.56

Result: Increase

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 73

RUC Recommendation: 4.03

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 4.03

2007 NF PE RVU: **2019 NF PE RVU:** 52.42

2007 Fac PE RVU **2019 Fac PE RVU:** 1.29

Result: Increase

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2017 Medicare Utilization:** 1,414

RUC Recommendation: 3.80

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.80

2007 NF PE RVU: **2019 NF PE RVU:** 23.27

2007 Fac PE RVU **2019 Fac PE RVU:** 1.17

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 5,481

2007 Work RVU: 4.43 **2019 Work RVU:** 4.49
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.01 **2019 Fac PE RVU:**3.38

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 13,956

2007 Work RVU: **2019 Work RVU:** 2.70
2007 NF PE RVU: **2019 NF PE RVU:** 3.62
2007 Fac PE RVU **2019 Fac PE RVU:**1.20

RUC Recommendation: 2.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2017 Medicare Utilization:** 188,780

2007 Work RVU: 0.88 **2019 Work RVU:** 0.60
2007 NF PE RVU: 1.58 **2019 NF PE RVU:** 1.46
2007 Fac PE RVU 0.3 **2019 Fac PE RVU:**0.21

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2017 Medicare Utilization:** 169,850

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 1.45 **2019 NF PE RVU:** 0.72
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2017 Medicare Utilization:** 233,494

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 1.94 **2019 NF PE RVU:** 1.21
2007 Fac PE RVU 0.27 **2019 Fac PE RVU:**0.18

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2017 Medicare Utilization:** 56,415

2007 Work RVU: 1.47 **2019 Work RVU:** 1.47
2007 NF PE RVU: 2.62 **2019 NF PE RVU:** 2.15
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**0.60

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)**

Global: 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2017 Medicare Utilization:** 189,895

2007 Work RVU: 1.50 **2019 Work RVU:** 0.87
2007 NF PE RVU: 1.72 **2019 NF PE RVU:** 1.44
2007 Fac PE RVU 0.71 **2019 Fac PE RVU:**0.31

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2017 Medicare Utilization:** 5,748

2007 Work RVU: 1.71 **2019 Work RVU:** 1.71
2007 NF PE RVU: 7.41 **2019 NF PE RVU:** 6.07
2007 Fac PE RVU 7.41 **2019 Fac PE RVU:**NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2017 Medicare Utilization:** 2,079

2007 Work RVU: **2019 Work RVU:** 2.11
2007 NF PE RVU: **2019 NF PE RVU:** 7.07
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2017 Medicare Utilization:** 72,907

2007 Work RVU: **2019 Work RVU:** 2.11
2007 NF PE RVU: **2019 NF PE RVU:** 7.25
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2017 Medicare Utilization:** 68,427

2007 Work RVU: **2019 Work RVU:** 2.51
2007 NF PE RVU: **2019 NF PE RVU:** 7.47
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.51 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2017 Medicare Utilization:** 10,100

2007 Work RVU: 0.61 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.67 **2019 NF PE RVU:** 0.21
2007 Fac PE RVU 0.67 **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 11 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2017 Medicare Utilization:** 459,093

2007 Work RVU: 1.14 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.91 **2019 NF PE RVU:** 0.22
2007 Fac PE RVU 0.91 **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

51772 **Deleted from CPT** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.61 **2019 Work RVU:**
2007 NF PE RVU: 5.44 **2019 NF PE RVU:**
2007 Fac PE RVU 5.44 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2017 Medicare Utilization:** 146,225

2007 Work RVU: 1.53 **2019 Work RVU:** 0.75
2007 NF PE RVU: 3.95 **2019 NF PE RVU:** 1.11
2007 Fac PE RVU 3.95 **2019 Fac PE RVU:**NA

RUC Recommendation: 0.75. Maintain, CPT Assistant addressed issues identified.

Referred to CPT February 2014 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2017 Medicare Utilization:** 8,841

2007 Work RVU: 1.10 **2019 Work RVU:** 1.10
2007 NF PE RVU: 5.74 **2019 NF PE RVU:** 5.36
2007 Fac PE RVU 5.74 **2019 Fac PE RVU:**NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

51795 **Deleted from CPT**

Global: 000 **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.53 **2019 Work RVU:**
2007 NF PE RVU: 7.15 **2019 NF PE RVU:**
2007 Fac PE RVU 7.15 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:**

First Identified: February 2008

2017 Medicare Utilization: 121,930

2007 Work RVU: 1.60 **2019 Work RVU:** 0.80

2007 NF PE RVU: 5.55 **2019 NF PE RVU:** 3.08

2007 Fac PE RVU 5.55 **2019 Fac PE RVU:**NA

RUC Recommendation: 0.80

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015

2017 Medicare Utilization: 2,106,035

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00

2007 NF PE RVU: 0.4 **2019 NF PE RVU:** 0.35

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010

2017 Medicare Utilization: 902,298

2007 Work RVU: 2.23 **2019 Work RVU:** 1.53

2007 NF PE RVU: 3.4 **2019 NF PE RVU:** 3.69

2007 Fac PE RVU 0.91 **2019 Fac PE RVU:**0.64

RUC Recommendation: 1.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA

First Identified: June 2008 **2017 Medicare Utilization:** 19,605

2007 Work RVU: 3.70 **2019 Work RVU:** 3.50
2007 NF PE RVU: 33.55 **2019 NF PE RVU:** 16.11
2007 Fac PE RVU 1.47 **2019 Fac PE RVU:**1.21

RUC Recommendation: 3.50

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2017 Medicare Utilization:** 40,356

2007 Work RVU: 3.14 **2019 Work RVU:** 4.05
2007 NF PE RVU: 32.11 **2019 NF PE RVU:** 16.41
2007 Fac PE RVU 1.28 **2019 Fac PE RVU:**1.40

RUC Recommendation: 4.05

Referred to CPT

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2017 Medicare Utilization:** 27,931

2007 Work RVU: 4.62 **2019 Work RVU:** 4.62
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.83 **2019 Fac PE RVU:**1.99

RUC Recommendation: Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 4.62

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AUA

First Identified: April 2011 **2017 Medicare Utilization:** 32,746

2007 Work RVU: 5.44 **2019 Work RVU:** 5.44
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.13 **2019 Fac PE RVU:** 2.30

RUC Recommendation: 5.44

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2017 Medicare Utilization:** 22,358

2007 Work RVU: 9.71 **2019 Work RVU:** 7.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.6 **2019 Fac PE RVU:** 3.02

RUC Recommendation: Reivew action plan to determine if CPT Assistant article and CPT changes were effective. 8.75

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 38 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2017 Medicare Utilization:** 72,025

2007 Work RVU: 2.80 **2019 Work RVU:** 2.75
2007 NF PE RVU: 6.65 **2019 NF PE RVU:** 5.47
2007 Fac PE RVU 1.21 **2019 Fac PE RVU:** 1.34

RUC Recommendation: 2.80

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2017 Medicare Utilization:** 148,320

2007 Work RVU: 2.83 **2019 Work RVU:** 2.82
2007 NF PE RVU: 7.42 **2019 NF PE RVU:** 10.39
2007 Fac PE RVU 1.19 **2019 Fac PE RVU:**1.36

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2017 Medicare Utilization:** 314

2007 Work RVU: 4.82 **2019 Work RVU:** 3.37
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.89 **2019 Fac PE RVU:**1.55

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2017 Medicare Utilization:** 2,595

2007 Work RVU: 6.11 **2019 Work RVU:** 5.35
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.44 **2019 Fac PE RVU:**2.27

RUC Recommendation: 5.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2017 Medicare Utilization:** 226

2007 Work RVU: 6.61 **2019 Work RVU:** 5.85
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.59 **2019 Fac PE RVU:** 2.44
Result: Decrease

RUC Recommendation: 5.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2017 Medicare Utilization:** 31

2007 Work RVU: 7.31 **2019 Work RVU:** 6.55
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.84 **2019 Fac PE RVU:** 2.69
Result: Decrease

RUC Recommendation: 6.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2017 Medicare Utilization:** 3,340

2007 Work RVU: 7.81 **2019 Work RVU:** 7.05
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.09 **2019 Fac PE RVU:** 2.86
Result: Decrease

RUC Recommendation: 7.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2017 Medicare Utilization:** 455

2007 Work RVU: 8.31 **2019 Work RVU:** 7.55
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2019 Fac PE RVU:** 3.04
Result: Decrease

RUC Recommendation: 7.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: April 2008 **2017 Medicare Utilization:** 279

RUC Recommendation: 8.58

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.34 **2019 Work RVU:** 8.58
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.62 **2019 Fac PE RVU:**3.39
Result: Decrease

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2017 Medicare Utilization:** 22,772

RUC Recommendation: 5.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.85 **2019 Work RVU:** 5.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2019 Fac PE RVU:**2.37
Result: Decrease

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2017 Medicare Utilization:** 24,803

RUC Recommendation: 6.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.87 **2019 Work RVU:** 6.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.77 **2019 Fac PE RVU:**2.76
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2017 Medicare Utilization:** 11,723

RUC Recommendation: 7.50 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.96 **2019 Work RVU:** 7.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.14 **2019 Fac PE RVU:** 3.02
Result: Decrease

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2017 Medicare Utilization:** 8,797

RUC Recommendation: 8.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 7.33 **2019 Work RVU:** 8.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.94 **2019 Fac PE RVU:** 3.19
Result: Increase

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2017 Medicare Utilization:** 967

RUC Recommendation: 10.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 8.81 **2019 Work RVU:** 9.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.44 **2019 Fac PE RVU:** 3.53
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 13 **Specialty Developing Recommendation:** AUA

First Identified: January 2013 **2017 Medicare Utilization:** 64,380

RUC Recommendation: 8.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 8.00

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 3.16

Result: Decrease

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 213

RUC Recommendation: 8.69

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 10.06 **2019 Work RVU:** 8.69

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 4.18 **2019 Fac PE RVU:** 4.18

Result: Decrease

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 3,539

RUC Recommendation: 8.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.39 **2019 Work RVU:** 8.14

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 4.52 **2019 Fac PE RVU:** 5.09

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2017 Medicare Utilization:** 45,573

2007 Work RVU: 15.13 **2019 Work RVU:** 13.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.99 **2019 Fac PE RVU:**6.48

RUC Recommendation: 13.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 1,526

2007 Work RVU: 6.89 **2019 Work RVU:** 4.79
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.35 **2019 Fac PE RVU:**3.82

RUC Recommendation: 4.79

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2017 Medicare Utilization:** 20,579

2007 Work RVU: 12.00 **2019 Work RVU:** 12.15
2007 NF PE RVU: 66.1 **2019 NF PE RVU:** 34.25
2007 Fac PE RVU 5.44 **2019 Fac PE RVU:**6.48

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 2,039

RUC Recommendation: 13.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 15.21 **2019 Work RVU:** 13.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.55 **2019 Fac PE RVU:**7.36
Result: Decrease

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2017 Medicare Utilization:** 4,054

RUC Recommendation: 10.08

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.98 **2019 Work RVU:** 5.42
2007 NF PE RVU: 82.87 **2019 NF PE RVU:** 39.40
2007 Fac PE RVU 4.46 **2019 Fac PE RVU:**4.09
Result: Maintain

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 5,284

RUC Recommendation: 14.39

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 14.39 **2019 Work RVU:** 14.52
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.51 **2019 Fac PE RVU:**7.28
Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 1,236

RUC Recommendation: 15.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 16.48 **2019 Work RVU:** 15.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.35 **2019 Fac PE RVU:**8.04
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 2,965

2007 Work RVU: 5.25 **2019 Work RVU:** 5.30
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2019 Fac PE RVU:**3.49

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

54530 **Orchiectomy, radical, for tumor; inguinal approach**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2017 Medicare Utilization:** 1,208

2007 Work RVU: 9.31 **2019 Work RVU:** 8.46
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.72 **2019 Fac PE RVU:**5.21

RUC Recommendation: 8.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Biopsy of Prostate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 36 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2017 Medicare Utilization:** 144,681

2007 Work RVU: 2.58 **2019 Work RVU:** 2.50
2007 NF PE RVU: 4.08 **2019 NF PE RVU:** 4.35
2007 Fac PE RVU 0.82 **2019 Fac PE RVU:**1.00

RUC Recommendation: 2.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2017 Medicare Utilization:** 1,402

2007 Work RVU: **2019 Work RVU:** 6.28
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**3.83

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:**

Screen: CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013

2017 Medicare Utilization: 1,714

2007 Work RVU: 24.45 **2019 Work RVU:** 21.36

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 10.19 **2019 Fac PE RVU:** 10.16

RUC Recommendation: 21.36

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:**

Screen: CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013

2017 Medicare Utilization: 213

2007 Work RVU: 26.31 **2019 Work RVU:** 21.36

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 10.83 **2019 Fac PE RVU:** 10.17

RUC Recommendation: 24.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW

Screen: CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 31 **Specialty Developing Recommendation:** AUA

First Identified: July 2013

2017 Medicare Utilization: 1,322

2007 Work RVU: 30.52 **2019 Work RVU:** 25.18

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 12.01 **2019 Fac PE RVU:** 11.49

RUC Recommendation: 29.07

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 27 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2017 Medicare Utilization:** 17,877

RUC Recommendation: 26.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 32.25 **2019 Work RVU:** 26.80
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.87 **2019 Fac PE RVU:** 12.02
Result: Decrease

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 25 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2017 Medicare Utilization:** 1,703

RUC Recommendation: 13.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 20.25 **2019 Work RVU:** 13.60
2007 NF PE RVU: NA **2019 NF PE RVU:** 161.42
2007 Fac PE RVU 9.59 **2019 Fac PE RVU:** 7.00
Result: Decrease

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** **First Identified:** April 2015 **2017 Medicare Utilization:** 5,689

RUC Recommendation: Review data at RAW **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 13.31 **2019 Work RVU:** 13.46
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.38 **2019 Fac PE RVU:** 7.32
Result: Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2017 Medicare Utilization:** 2,363

2007 Work RVU: 3.03 **2019 Work RVU:** 3.08
2007 NF PE RVU: 2.5 **2019 NF PE RVU:** 3.22
2007 Fac PE RVU 1.79 **2019 Fac PE RVU:**2.30

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2017 Medicare Utilization:** 2,986

2007 Work RVU: 8.44 **2019 Work RVU:** 7.53
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.7 **2019 Fac PE RVU:**6.59

RUC Recommendation: 7.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG

First Identified: July 2016 **2017 Medicare Utilization:** 27,239

2007 Work RVU: 0.55 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.97 **2019 NF PE RVU:** 0.82
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2017 Medicare Utilization:** 3,302

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.79 **2019 Work RVU:** 5.15
2007 NF PE RVU: NA **2019 NF PE RVU:** 5.08
2007 Fac PE RVU 4.3 **2019 Fac PE RVU:** 2.49
Result: Decrease

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy** **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2017 Medicare Utilization:** 14,473

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 2.69
2007 NF PE RVU: **2019 NF PE RVU:** 3.03
2007 Fac PE RVU **2019 Fac PE RVU:** 1.38
Result: Decrease

57160 **Fitting and insertion of pessary or other intravaginal support device** **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2017 Medicare Utilization:** 88,253

RUC Recommendation: 0.89 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.89 **2019 Work RVU:** 0.89
2007 NF PE RVU: 1.02 **2019 NF PE RVU:** 0.80
2007 Fac PE RVU 0.32 **2019 Fac PE RVU:** 0.34
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2017 Medicare Utilization:** 9,538

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 11.42 **2019 Work RVU:** 10.08
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.22 **2019 Fac PE RVU:**5.74
Result: Decrease

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2017 Medicare Utilization:** 8,049

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 11.42 **2019 Work RVU:** 10.08
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.93 **2019 Fac PE RVU:**5.77
Result: Decrease

57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2017 Medicare Utilization:** 9,161

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 14.36 **2019 Work RVU:** 13.25
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.08 **2019 Fac PE RVU:**6.96
Result: Decrease

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2017 Medicare Utilization:** 4,299

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 15.86 **2019 Work RVU:** 15.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.1 **2019 Fac PE RVU:**7.65
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2017 Medicare Utilization:** 1,962

2007 Work RVU: 11.49 **2019 Work RVU:** 11.15
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2019 Fac PE RVU:**7.53

RUC Recommendation: 10.97 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2017 Medicare Utilization:** 25,037

2007 Work RVU: 14.01 **2019 Work RVU:** 12.13
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.21 **2019 Fac PE RVU:**7.12

RUC Recommendation: 12.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2017 Medicare Utilization:** 72,084

2007 Work RVU: 1.53 **2019 Work RVU:** 1.21
2007 NF PE RVU: 1.27 **2019 NF PE RVU:** 1.28
2007 Fac PE RVU 0.69 **2019 Fac PE RVU:**0.65

RUC Recommendation: 1.21 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2017 Medicare Utilization:** 713

2007 Work RVU: 0.77 **2019 Work RVU:** 0.77
2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.57
2007 Fac PE RVU 0.29 **2019 Fac PE RVU:**0.30

RUC Recommendation: 0.77 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2017 Medicare Utilization:** 1,759

2007 Work RVU: 3.33 **2019 Work RVU:** 2.65
2007 NF PE RVU: 2.32 **2019 NF PE RVU:** 5.42
2007 Fac PE RVU 1.47 **2019 Fac PE RVU:**1.37

RUC Recommendation: 3.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2017 Medicare Utilization:** 44,205

2007 Work RVU: 4.74 **2019 Work RVU:** 4.17
2007 NF PE RVU: 2.52 **2019 NF PE RVU:** 34.18
2007 Fac PE RVU 2.05 **2019 Fac PE RVU:**1.95

RUC Recommendation: 4.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2017 Medicare Utilization:** 211

2007 Work RVU: 6.16 **2019 Work RVU:** 5.20
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.56 **2019 Fac PE RVU:**2.35
Result: Decrease

RUC Recommendation: 5.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2017 Medicare Utilization:** 54

2007 Work RVU: 6.99 **2019 Work RVU:** 5.75
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.88 **2019 Fac PE RVU:**2.53
Result: Decrease

RUC Recommendation: 6.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58561 **Hysteroscopy, surgical; with removal of leiomyomata** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2017 Medicare Utilization:** 2,539

2007 Work RVU: 9.99 **2019 Work RVU:** 6.60
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4 **2019 Fac PE RVU:**2.87
Result: Decrease

RUC Recommendation: 7.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2017 Medicare Utilization:** 247

2007 Work RVU: 5.20 **2019 Work RVU:** 4.00
2007 NF PE RVU: 2.63 **2019 NF PE RVU:** 5.92
2007 Fac PE RVU 2.21 **2019 Fac PE RVU:**1.87

RUC Recommendation: 4.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2017 Medicare Utilization:** 3,535

2007 Work RVU: 6.16 **2019 Work RVU:** 4.47
2007 NF PE RVU: 51.38 **2019 NF PE RVU:** 45.22
2007 Fac PE RVU 2.58 **2019 Fac PE RVU:**2.06

RUC Recommendation: 4.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2017 Medicare Utilization:** 962

2007 Work RVU: 11.54 **2019 Work RVU:** 11.59
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.07 **2019 Fac PE RVU:**5.98

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2017 Medicare Utilization:** 11,911

2007 Work RVU: 11.30 **2019 Work RVU:** 11.35
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.84 **2019 Fac PE RVU:** 5.57

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 3.37 **2019 Work RVU:**
2007 NF PE RVU: 20.75 **2019 NF PE RVU:**
2007 Fac PE RVU 1.08 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2017 Medicare Utilization:** 3,383

2007 Work RVU: 26.80 **2019 Work RVU:** 32.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 15.06 **2019 Fac PE RVU:** 20.60

RUC Recommendation: 32.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2017 Medicare Utilization:** 1,793

2007 Work RVU: 13.48 **2019 Work RVU:** 14.37
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.91 **2019 Fac PE RVU:** 5.60

RUC Recommendation: 14.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2017 Medicare Utilization:** 965

2007 Work RVU: 15.29 **2019 Work RVU:** 18.01
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2019 Fac PE RVU:**7.66
Result: Increase

RUC Recommendation: 18.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 51

2007 Work RVU: 1.71 **2019 Work RVU:** 1.71
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.77 **2019 Fac PE RVU:**0.81
Result: Maintain

RUC Recommendation: 1.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59414 **Delivery of placenta (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 60

2007 Work RVU: 1.61 **2019 Work RVU:** 1.61
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.59 **2019 Fac PE RVU:**0.62
Result: Maintain

RUC Recommendation: 1.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 839

2007 Work RVU: 6.22 **2019 Work RVU:** 6.31
2007 NF PE RVU: 4.21 **2019 NF PE RVU:** 5.41
2007 Fac PE RVU 1.81 **2019 Fac PE RVU:**2.43
Result: Decrease

RUC Recommendation: 6.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59426 **Antepartum care only; 7 or more visits**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 886

2007 Work RVU: 11.04 **2019 Work RVU:** 11.16
2007 NF PE RVU: 7.6 **2019 NF PE RVU:** 9.85
2007 Fac PE RVU 3.17 **2019 Fac PE RVU:**4.32
Result: Decrease

RUC Recommendation: 11.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59430 **Postpartum care only (separate procedure)**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 1,266

2007 Work RVU: 2.13 **2019 Work RVU:** 2.47
2007 NF PE RVU: 1.19 **2019 NF PE RVU:** 2.55
2007 Fac PE RVU 0.88 **2019 Fac PE RVU:**0.95
Result: Increase

RUC Recommendation: 2.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2017 Medicare Utilization:** 2,853

2007 Work RVU: 30.34 **2019 Work RVU:** 35.64
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 16.92 **2019 Fac PE RVU:**22.26
Result: Increase

RUC Recommendation: 36.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** October 2008 **2017 Medicare Utilization:** 1,470

2007 Work RVU: 15.95 **2019 Work RVU:** 16.13
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.78 **2019 Fac PE RVU:**6.21
Result: Increase

RUC Recommendation: 16.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 914

2007 Work RVU: 18.26 **2019 Work RVU:** 21.47
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.43 **2019 Fac PE RVU:** 9.48
Result: Increase

RUC Recommendation: 22.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 105

2007 Work RVU: 28.21 **2019 Work RVU:** 33.87
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 15.52 **2019 Fac PE RVU:** 21.09
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 72

2007 Work RVU: 15.04 **2019 Work RVU:** 16.09
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.6 **2019 Fac PE RVU:** 6.11
Result: Increase

RUC Recommendation: 16.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 48

2007 Work RVU: 16.59 **2019 Work RVU:** 19.73
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.49 **2019 Fac PE RVU:** 7.93
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 20

2007 Work RVU: 31.78 **2019 Work RVU:** 36.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 17.74 **2019 Fac PE RVU:**22.39

RUC Recommendation: 36.69 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 15

2007 Work RVU: 17.50 **2019 Work RVU:** 16.66
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 6.27 **2019 Fac PE RVU:**6.32

RUC Recommendation: 16.66 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2017 Medicare Utilization:** 5

2007 Work RVU: 19.70 **2019 Work RVU:** 22.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.14 **2019 Fac PE RVU:**9.83

RUC Recommendation: 22.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 7,863

2007 Work RVU: 12.29 **2019 Work RVU:** 11.19
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.96 **2019 Fac PE RVU:**7.06

RUC Recommendation: 12.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2017 Medicare Utilization:** 352

2007 Work RVU: 14.67 **2019 Work RVU:** 14.79

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 7.22 **2019 Fac PE RVU:**9.22

RUC Recommendation: 14.67

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2017 Medicare Utilization:** 355

2007 Work RVU: 17.07 **2019 Work RVU:** 17.16

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 7.95 **2019 Fac PE RVU:**9.09

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2017 Medicare Utilization:** 319

2007 Work RVU: 19.11 **2019 Work RVU:** 19.18

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 9.22 **2019 Fac PE RVU:**8.83

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2017 Medicare Utilization:** 112

2007 Work RVU: 23.37 **2019 Work RVU:** 23.48
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.89 **2019 Fac PE RVU:** 10.66

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2017 Medicare Utilization:** 427

2007 Work RVU: 2.10 **2019 Work RVU:** 2.10
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.37 **2019 Fac PE RVU:** 1.08

RUC Recommendation: Editorial change

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: October 2009 **2017 Medicare Utilization:** 14,862

2007 Work RVU: **2019 Work RVU:** 3.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.71

RUC Recommendation: 3.75

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2017 Medicare Utilization:** 14,435

2007 Work RVU: **2019 Work RVU:** 3.18
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.37

RUC Recommendation: 3.18 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2017 Medicare Utilization:** 11,473

2007 Work RVU: **2019 Work RVU:** 3.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.75

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 17.75 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 10.08 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61795 **Deleted from CPT**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 4.03 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.87 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2017 Medicare Utilization:** 6,558

2007 Work RVU: **2019 Work RVU:** 13.93
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 10.13

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2017 Medicare Utilization:** 7,319

2007 Work RVU: **2019 Work RVU:** 3.48
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.59

RUC Recommendation: 3.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2017 Medicare Utilization:** 3,510

2007 Work RVU: **2019 Work RVU:** 19.85
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 12.74

RUC Recommendation: 19.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA **2017 Medicare Utilization:** 709

2007 Work RVU: **2019 Work RVU:** 4.81
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 2.20

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: February 2008 **2017 Medicare Utilization:** 5,834

2007 Work RVU: **2019 Work RVU:** 2.25
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 1.35

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2017 Medicare Utilization:** 5,753

2007 Work RVU: 7.37 **2019 Work RVU:** 6.05
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.85 **2019 Fac PE RVU:** 6.66

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2017 Medicare Utilization:** 450

RUC Recommendation: 6.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 6.41 **2019 Work RVU:** 5.00
2007 NF PE RVU: 11.78 **2019 NF PE RVU:** 11.72
2007 Fac PE RVU 3.11 **2019 Fac PE RVU:**3.52
Result: Maintain

62270 **Spinal puncture, lumbar, diagnostic**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2017 Medicare Utilization:** 80,913

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.37 **2019 Work RVU:** 1.37
2007 NF PE RVU: 2.82 **2019 NF PE RVU:** 2.67
2007 Fac PE RVU 0.55 **2019 Fac PE RVU:**0.68
Result: Increase

62272 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2017 Medicare Utilization:** 6,462

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35
2007 NF PE RVU: 3.47 **2019 NF PE RVU:** 3.92
2007 Fac PE RVU 0.68 **2019 Fac PE RVU:**0.76
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2017 Medicare Utilization:** 393

2007 Work RVU: 2.66 **2019 Work RVU:** 2.66
2007 NF PE RVU: 5.16 **2019 NF PE RVU:** 4.04
2007 Fac PE RVU 0.89 **2019 Fac PE RVU:** 1.68

RUC Recommendation: Remove 99238

Referred to CPT **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2017 Medicare Utilization:** 14,484

2007 Work RVU: 1.54 **2019 Work RVU:** 1.54
2007 NF PE RVU: 4.62 **2019 NF PE RVU:** 3.86
2007 Fac PE RVU 0.67 **2019 Fac PE RVU:** 0.79

RUC Recommendation: 1.54

Referred to CPT October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2017 Medicare Utilization:** 198

2007 Work RVU: 8.88 **2019 Work RVU:** 9.03
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.18 **2019 Fac PE RVU:** 6.52

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS

First Identified: October 2009 **2017 Medicare Utilization:** 9,139

2007 Work RVU: 3.00 **2019 Work RVU:** 3.00
2007 NF PE RVU: 6.43 **2019 NF PE RVU:** 6.36
2007 Fac PE RVU 1.31 **2019 Fac PE RVU:** 1.55

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

622X0

Global: **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.95

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

622X1

Global: **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.25

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2017 Medicare Utilization:** 5,111

2007 Work RVU: **2019 Work RVU:** 2.29
2007 NF PE RVU: **2019 NF PE RVU:** 4.64
2007 Fac PE RVU **2019 Fac PE RVU:** 1.02

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2017 Medicare Utilization:** 445

2007 Work RVU: **2019 Work RVU:** 2.29
2007 NF PE RVU: **2019 NF PE RVU:** 4.80
2007 Fac PE RVU **2019 Fac PE RVU:** 1.02

RUC Recommendation: 2.29 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2017 Medicare Utilization:** 22,570

2007 Work RVU: **2019 Work RVU:** 2.25
2007 NF PE RVU: **2019 NF PE RVU:** 4.59
2007 Fac PE RVU **2019 Fac PE RVU:** 1.00

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2017 Medicare Utilization:** 7,107

2007 Work RVU: **2019 Work RVU:** 2.35
2007 NF PE RVU: **2019 NF PE RVU:** 5.09
2007 Fac PE RVU **2019 Fac PE RVU:** 1.04

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 1.91 **2019 Work RVU:**
2007 NF PE RVU: 4.35 **2019 NF PE RVU:**
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 1.54 **2019 Work RVU:**
2007 NF PE RVU: 4.35 **2019 NF PE RVU:**
2007 Fac PE RVU 0.58 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 2.04 **2019 Work RVU:**
2007 NF PE RVU: 5.09 **2019 NF PE RVU:**
2007 Fac PE RVU 0.61 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: 000 **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 1.87 **2019 Work RVU:**
2007 NF PE RVU: 4.45 **2019 NF PE RVU:**
2007 Fac PE RVU 0.58 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2017 Medicare Utilization: 10,359

2007 Work RVU: **2019 Work RVU:** 1.80
2007 NF PE RVU: **2019 NF PE RVU:** 2.72
2007 Fac PE RVU **2019 Fac PE RVU:** 0.89

RUC Recommendation: 1.80

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2017 Medicare Utilization: 212,729

2007 Work RVU: **2019 Work RVU:** 1.95
2007 NF PE RVU: **2019 NF PE RVU:** 5.08
2007 Fac PE RVU **2019 Fac PE RVU:** 0.96

RUC Recommendation: 1.95

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2017 Medicare Utilization: 60,588

2007 Work RVU: **2019 Work RVU:** 1.55
2007 NF PE RVU: **2019 NF PE RVU:** 2.67
2007 Fac PE RVU **2019 Fac PE RVU:** 0.77

RUC Recommendation: 1.55

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

2017 Medicare Utilization: 727,505

2007 Work RVU: **2019 Work RVU:** 1.80
2007 NF PE RVU: **2019 NF PE RVU:** 5.15
2007 Fac PE RVU **2019 Fac PE RVU:** 0.88

RUC Recommendation: 1.80

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2017 Medicare Utilization:** 25,779

2007 Work RVU: **2019 Work RVU:** 1.89
2007 NF PE RVU: **2019 NF PE RVU:** 2.08
2007 Fac PE RVU **2019 Fac PE RVU:** 0.56

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2017 Medicare Utilization:** 1,756

2007 Work RVU: **2019 Work RVU:** 2.20
2007 NF PE RVU: **2019 NF PE RVU:** 4.29
2007 Fac PE RVU **2019 Fac PE RVU:** 0.70

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2017 Medicare Utilization:** 7,689

2007 Work RVU: **2019 Work RVU:** 1.78
2007 NF PE RVU: **2019 NF PE RVU:** 2.35
2007 Fac PE RVU **2019 Fac PE RVU:** 0.63

RUC Recommendation: 1.78 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2017 Medicare Utilization:** 2,301

2007 Work RVU: **2019 Work RVU:** 1.90
2007 NF PE RVU: **2019 NF PE RVU:** 4.63
2007 Fac PE RVU **2019 Fac PE RVU:** 0.72

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2017 Medicare Utilization:** 5,252

2007 Work RVU: 8.04 **2019 Work RVU:** 6.05
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4 **2019 Fac PE RVU:** 4.30

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,146

2007 Work RVU: 6.60 **2019 Work RVU:** 3.55
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.27 **2019 Fac PE RVU:** 3.43

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2017 Medicare Utilization:** 293

2007 Work RVU: 3.68 **2019 Work RVU:** 4.33
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.87 **2019 Fac PE RVU:** 3.81

RUC Recommendation: 4.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2017 Medicare Utilization:** 44

2007 Work RVU: 6.59 **2019 Work RVU:** 5.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.94 **2019 Fac PE RVU:**5.42

RUC Recommendation: 5.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2017 Medicare Utilization:** 7,383

2007 Work RVU: 8.58 **2019 Work RVU:** 5.60
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.46 **2019 Fac PE RVU:**4.25

RUC Recommendation: 6.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2017 Medicare Utilization:** 1,260

2007 Work RVU: 6.57 **2019 Work RVU:** 3.93
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.65 **2019 Fac PE RVU:**3.67

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2017 Medicare Utilization:** 9,795

2007 Work RVU: 0.48 **2019 Work RVU:** 0.48
2007 NF PE RVU: 0.56 **2019 NF PE RVU:** 0.61
2007 Fac PE RVU 0.1 **2019 Fac PE RVU:**0.19

RUC Recommendation: New PE inputs. 0.48 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2017 Medicare Utilization:** 42,532

2007 Work RVU: 0.75 **2019 Work RVU:** 0.67
2007 NF PE RVU: 0.67 **2019 NF PE RVU:** 0.83
2007 Fac PE RVU 0.17 **2019 Fac PE RVU:**0.27

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2017 Medicare Utilization:** 35,504

2007 Work RVU: **2019 Work RVU:** 0.67
2007 NF PE RVU: **2019 NF PE RVU:** 2.60
2007 Fac PE RVU **2019 Fac PE RVU:**0.27

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2017 Medicare Utilization:** 96,472

2007 Work RVU: **2019 Work RVU:** 0.90
2007 NF PE RVU: **2019 NF PE RVU:** 2.49
2007 Fac PE RVU **2019 Fac PE RVU:** 0.35

RUC Recommendation: New PE inputs. 1.10 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2017 Medicare Utilization:** 32,164

2007 Work RVU: 13.03 **2019 Work RVU:** 13.18
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 8.5 **2019 Fac PE RVU:** 10.92

RUC Recommendation: Review action plan. Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2017 Medicare Utilization:** 13,350

2007 Work RVU: 18.61 **2019 Work RVU:** 18.76
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.2 **2019 Fac PE RVU:** 13.50

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: November 2013 **2017 Medicare Utilization:** 10,122

RUC Recommendation: 17.95

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 17.82 **2019 Work RVU:** 17.95
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.4 **2019 Fac PE RVU:** 13.30
Result: Maintain

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: November 2013 **2017 Medicare Utilization:** 3,619

RUC Recommendation: 17.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 17.12 **2019 Work RVU:** 17.25
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2019 Fac PE RVU:** 12.89
Result: Maintain

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011 **2017 Medicare Utilization:** 102,329

RUC Recommendation: 15.37

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 15.22 **2019 Work RVU:** 15.37
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.79 **2019 Fac PE RVU:** 11.93
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2017 Medicare Utilization:** 133,153

2007 Work RVU: 3.47 **2019 Work RVU:** 3.47
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.58 **2019 Fac PE RVU:** 1.66

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2017 Medicare Utilization:** 6,445

2007 Work RVU: 21.73 **2019 Work RVU:** 21.86
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.31 **2019 Fac PE RVU:** 14.60

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2017 Medicare Utilization:** 623

2007 Work RVU: 19.47 **2019 Work RVU:** 19.60
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.87 **2019 Fac PE RVU:** 13.69

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2017 Medicare Utilization:** 433

2007 Work RVU: 4.04 **2019 Work RVU:** 4.04
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.93 **2019 Fac PE RVU:** 1.92

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2017 Medicare Utilization:** 910

2007 Work RVU: 30.78 **2019 Work RVU:** 30.93
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 15.58 **2019 Fac PE RVU:** 18.28

RUC Recommendation: Review action plan and additional data **Referred to CPT** September 2016 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2017 Medicare Utilization:** 449

2007 Work RVU: **2019 Work RVU:** 15.60
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 10.91

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:**

First Identified: NA

2017 Medicare Utilization: 98

2007 Work RVU: **2019 Work RVU:** 4.00

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 1.83

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63650 **Percutaneous implantation of neurostimulator electrode array, epidural**

Global: 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 22 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2017 Medicare Utilization: 79,687

2007 Work RVU: 7.57 **2019 Work RVU:** 7.15

2007 NF PE RVU: NA **2019 NF PE RVU:** 38.15

2007 Fac PE RVU 3.11 **2019 Fac PE RVU:** 3.99

RUC Recommendation: 7.20. New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** NASS, AANS

First Identified: October 2008

2017 Medicare Utilization: 8,191

2007 Work RVU: 11.43 **2019 Work RVU:** 10.92

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 7.15 **2019 Fac PE RVU:** 9.53

RUC Recommendation: 11.43

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63660 **Deleted from CPT**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 6.87 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 3.54 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2017 Medicare Utilization:** 3,518

2007 Work RVU: **2019 Work RVU:** 5.08
2007 NF PE RVU: **2019 NF PE RVU:** 11.60
2007 Fac PE RVU **2019 Fac PE RVU:** 3.41

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2017 Medicare Utilization:** 1,985

2007 Work RVU: **2019 Work RVU:** 11.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 9.68

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2017 Medicare Utilization:** 1,452

2007 Work RVU: **2019 Work RVU:** 7.75
2007 NF PE RVU: **2019 NF PE RVU:** 14.73
2007 Fac PE RVU **2019 Fac PE RVU:** 4.24

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** **2017 Medicare Utilization:** 719

2007 Work RVU: **2019 Work RVU:** 11.52
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 9.87

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 68 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2017 Medicare Utilization:** 25,870

2007 Work RVU: 7.87 **2019 Work RVU:** 5.19
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.03 **2019 Fac PE RVU:** 4.15

RUC Recommendation: 6.05 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver**

Global: 010 **Issue:** Neurostimulators **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** I **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2017 Medicare Utilization:** 7,386

2007 Work RVU: 6.10 **2019 Work RVU:** 5.30
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.56 **2019 Fac PE RVU:** 4.27

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection, anesthetic agent; greater occipital nerve**

Global: 000 **Issue:** Injection - Greater Occipital Nerve **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 17 **Specialty Developing Recommendation:** AAN, AAPM, AAPMR, ASA **First Identified:** July 2016 **2017 Medicare Utilization:** 123,795

2007 Work RVU: 1.32 **2019 Work RVU:** 0.94
2007 NF PE RVU: 1.39 **2019 NF PE RVU:** 1.23
2007 Fac PE RVU 0.47 **2019 Fac PE RVU:** 0.40

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: 000 **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2017 Medicare Utilization:**

2007 Work RVU: 1.18 **2019 Work RVU:**
2007 NF PE RVU: 2.5 **2019 NF PE RVU:**
2007 Fac PE RVU 0.46 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection, anesthetic agent; brachial plexus, single**

Global: 000 **Issue:** **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2017 Medicare Utilization:** 173,105

2007 Work RVU: 1.48 **2019 Work RVU:** 1.48
2007 NF PE RVU: 2.47 **2019 NF PE RVU:** 1.78
2007 Fac PE RVU 0.43 **2019 Fac PE RVU:**0.27

RUC Recommendation: Refer to CPT for bundling. 1.48 **Referred to CPT** May 2019 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2017 Medicare Utilization:** 20,774

2007 Work RVU: 3.85 **2019 Work RVU:** 1.81
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.74 **2019 Fac PE RVU:**0.33

RUC Recommendation: Refer to CPT for bundling. Remove from screen. 1.81 **Referred to CPT** May 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64417 **Injection, anesthetic agent; axillary nerve**

Global: 000 **Issue:** Somatic Nerve Injection **Screen:** part of New/Revised Review **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:** 13,901

2007 Work RVU: 1.44 **2019 Work RVU:** 1.44
2007 NF PE RVU: 2.65 **2019 NF PE RVU:** 2.20
2007 Fac PE RVU 0.46 **2019 Fac PE RVU:**0.46

RUC Recommendation: Refer to CPT **Referred to CPT** May 2019 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection, anesthetic agent; suprascapular nerve**

Global: 000 **Issue:** Injection, Anesthetic Agent **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 28 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA **First Identified:** October 2015 **2017 Medicare Utilization:** 30,569

2007 Work RVU: 1.32 **2019 Work RVU:** 1.10
2007 NF PE RVU: 2.43 **2019 NF PE RVU:** 1.49
2007 Fac PE RVU 0.46 **2019 Fac PE RVU:**0.42

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection, anesthetic agent; sciatic nerve, single**

Global: 000 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2017 Medicare Utilization:** 118,648

2007 Work RVU: 1.48 **2019 Work RVU:** 1.48
2007 NF PE RVU: 2.42 **2019 NF PE RVU:** 2.26
2007 Fac PE RVU 0.51 **2019 Fac PE RVU:**0.46

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2017 Medicare Utilization:** 5,928

2007 Work RVU: 3.61 **2019 Work RVU:** 1.81
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.9 **2019 Fac PE RVU:**0.33

RUC Recommendation: Refer to CPT for bundling. 1.81 **Referred to CPT** May 2019 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64447 **Injection, anesthetic agent; femoral nerve, single**

Global: 000 **Issue:** **Screen:** CMS Fastest Growing **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2017 Medicare Utilization:** 223,128

2007 Work RVU: 1.50 **2019 Work RVU:** 1.50
2007 NF PE RVU: NA **2019 NF PE RVU:** 1.84
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**0.29

RUC Recommendation: Refer to CPT for bundling. 1.50 **Referred to CPT** May 2019 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

Status Report: CMS Requests and Relativity Assessment Issues

64448 **Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 09 **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2017 Medicare Utilization:** 42,527

2007 Work RVU: 3.36 **2019 Work RVU:** 1.63
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.73 **2019 Fac PE RVU:**0.29

RUC Recommendation: Refer to CPT for Bundling. Remove from screen. 1.63

Referred to CPT May 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Anesthetic Agent Nerve Injection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 19 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2017 Medicare Utilization:** 2,403

2007 Work RVU: 3.24 **2019 Work RVU:** 1.81
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.84 **2019 Fac PE RVU:**0.45

RUC Recommendation: 1.81

Referred to CPT February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64450 **Injection, anesthetic agent; other peripheral nerve or branch**

Global: 000 **Issue:** Injection - Anesthetic Agent **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, APMA, ASIPP **First Identified:** October 2009 **2017 Medicare Utilization:** 421,025

2007 Work RVU: 1.27 **2019 Work RVU:** 0.75
2007 NF PE RVU: 1.25 **2019 NF PE RVU:** 1.37
2007 Fac PE RVU 0.49 **2019 Fac PE RVU:**0.46

RUC Recommendation: 0.75 and review additional utilization data (October 2019).

Referred to CPT **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

Status Report: CMS Requests and Relativity Assessment Issues

64455 **Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)** **Global:** 000 **Issue:** Injection – Digital Nerves **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2016 **2017 Medicare Utilization:** 70,723

2007 Work RVU: **2019 Work RVU:** 0.75
2007 NF PE RVU: **2019 NF PE RVU:** 0.55
2007 Fac PE RVU **2019 Fac PE RVU:** 0.19

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)** **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2017 Medicare Utilization:** 3,165

2007 Work RVU: **2019 Work RVU:** 1.75
2007 NF PE RVU: **2019 NF PE RVU:** 2.07
2007 Fac PE RVU **2019 Fac PE RVU:** 0.44

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2017 Medicare Utilization:** 1,326

2007 Work RVU: **2019 Work RVU:** 1.10
2007 NF PE RVU: **2019 NF PE RVU:** 1.01
2007 Fac PE RVU **2019 Fac PE RVU:** 0.28

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)** **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2017 Medicare Utilization:** 1,108

2007 Work RVU: **2019 Work RVU:** 1.90
2007 NF PE RVU: **2019 NF PE RVU:** 3.08
2007 Fac PE RVU **2019 Fac PE RVU:** 0.37

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.85 **2019 Work RVU:**
2007 NF PE RVU: 6.37 **2019 NF PE RVU:**
2007 Fac PE RVU 0.71 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.29 **2019 Work RVU:**
2007 NF PE RVU: 2.05 **2019 NF PE RVU:**
2007 Fac PE RVU 0.34 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.41 **2019 Work RVU:**
2007 NF PE RVU: 6.07 **2019 NF PE RVU:**
2007 Fac PE RVU 0.62 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.98 **2019 Work RVU:**
2007 NF PE RVU: 1.86 **2019 NF PE RVU:**
2007 Fac PE RVU 0.24 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level**

Global: 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2017 Medicare Utilization:** 45,349

2007 Work RVU: 2.20 **2019 Work RVU:** 2.29
2007 NF PE RVU: 6.55 **2019 NF PE RVU:** 4.46
2007 Fac PE RVU 0.87 **2019 Fac PE RVU:** 1.27

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2017 Medicare Utilization:** 22,139

2007 Work RVU: 1.54 **2019 Work RVU:** 1.20
2007 NF PE RVU: 2.5 **2019 NF PE RVU:** 2.10
2007 Fac PE RVU 0.45 **2019 Fac PE RVU:** 0.48

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level**

Global: 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2017 Medicare Utilization:** 1,024,113

2007 Work RVU: 1.90 **2019 Work RVU:** 1.90
2007 NF PE RVU: 6.86 **2019 NF PE RVU:** 4.39
2007 Fac PE RVU 0.81 **2019 Fac PE RVU:** 1.14

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2017 Medicare Utilization:** 445,279

2007 Work RVU: 1.33 **2019 Work RVU:** 1.00
2007 NF PE RVU: 2.86 **2019 NF PE RVU:** 1.71
2007 Fac PE RVU 0.36 **2019 Fac PE RVU:**0.41

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2017 Medicare Utilization:** 244,178

2007 Work RVU: **2019 Work RVU:** 1.82
2007 NF PE RVU: **2019 NF PE RVU:** 3.41
2007 Fac PE RVU **2019 Fac PE RVU:**1.05

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2017 Medicare Utilization:** 220,225

2007 Work RVU: **2019 Work RVU:** 1.16
2007 NF PE RVU: **2019 NF PE RVU:** 1.42
2007 Fac PE RVU **2019 Fac PE RVU:**0.46

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2017 Medicare Utilization:** 147,794

2007 Work RVU: **2019 Work RVU:** 1.16
2007 NF PE RVU: **2019 NF PE RVU:** 1.44
2007 Fac PE RVU **2019 Fac PE RVU:** 0.48

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2017 Medicare Utilization:** 849,277

2007 Work RVU: **2019 Work RVU:** 1.52
2007 NF PE RVU: **2019 NF PE RVU:** 3.26
2007 Fac PE RVU **2019 Fac PE RVU:** 0.93

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2017 Medicare Utilization:** 758,588

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.40
2007 Fac PE RVU **2019 Fac PE RVU:** 0.40

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2017 Medicare Utilization:** 444,852

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.40
2007 Fac PE RVU **2019 Fac PE RVU:** 0.42

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2017 Medicare Utilization:** 6,829

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 3.06 **2019 NF PE RVU:** 2.46
2007 Fac PE RVU 0.49 **2019 Fac PE RVU:** 0.81

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2017 Medicare Utilization:** 24,331

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35
2007 NF PE RVU: 4.5 **2019 NF PE RVU:** 4.27
2007 Fac PE RVU 0.54 **2019 Fac PE RVU:** 0.86

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** 000 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2017 Medicare Utilization:** 6,729

2007 Work RVU: 0.18 **2019 Work RVU:**
2007 NF PE RVU: 0.26 **2019 NF PE RVU:**
2007 Fac PE RVU 0.05 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2017 Medicare Utilization:** 1,462

2007 Work RVU: 2.33 **2019 Work RVU:** 6.13
2007 NF PE RVU: 2.75 **2019 NF PE RVU:** 41.91
2007 Fac PE RVU 1.73 **2019 Fac PE RVU:**3.28

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2017 Medicare Utilization:** 4,219

2007 Work RVU: 2.29 **2019 Work RVU:** 5.76
2007 NF PE RVU: 2.96 **2019 NF PE RVU:** 37.80
2007 Fac PE RVU 1.23 **2019 Fac PE RVU:**3.34

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues. **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2017 Medicare Utilization:** 14,924

2007 Work RVU: 7.07 **2019 Work RVU:** 5.44
2007 NF PE RVU: 27.51 **2019 NF PE RVU:** 14.86
2007 Fac PE RVU 3.05 **2019 Fac PE RVU:** 2.69

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2017 Medicare Utilization:** 1,174

2007 Work RVU: 1.78 **2019 Work RVU:**
2007 NF PE RVU: 3.08 **2019 NF PE RVU:**
2007 Fac PE RVU 1.27 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2017 Medicare Utilization:** 184,073

2007 Work RVU: **2019 Work RVU:** 0.60
2007 NF PE RVU: **2019 NF PE RVU:** 2.96
2007 Fac PE RVU **2019 Fac PE RVU:** 0.21

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

64568 **Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** **2017 Medicare Utilization:** 665

2007 Work RVU: **2019 Work RVU:** 9.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.78

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: 090 **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2017 Medicare Utilization:**

2007 Work RVU: 8.15 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.31 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64581 **Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2017 Medicare Utilization:** 10,307

2007 Work RVU: 14.15 **2019 Work RVU:** 12.20
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 5.73 **2019 Fac PE RVU:** 5.47

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen. **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64590 **Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling**

Global: 010 **Issue:** RAW **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** October 2012 **2017 Medicare Utilization:** 11,790

2007 Work RVU: 2.42 **2019 Work RVU:** 2.45
2007 NF PE RVU: 6.95 **2019 NF PE RVU:** 4.83
2007 Fac PE RVU 2.33 **2019 Fac PE RVU:** 1.87

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 3.02 **2019 Work RVU:**
2007 NF PE RVU: 6.82 **2019 NF PE RVU:**
2007 Fac PE RVU 1.34 **2019 Fac PE RVU:**

RUC Recommendation: PE Review - no change

Referred to CPT June 2008 and Feb 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.99 **2019 Work RVU:**
2007 NF PE RVU: 2.62 **2019 NF PE RVU:**
2007 Fac PE RVU 0.22 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT June 2008 and Feb 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: 010 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 3.82 **2019 Work RVU:**
2007 NF PE RVU: 6.99 **2019 NF PE RVU:**
2007 Fac PE RVU 1.93 **2019 Fac PE RVU:**

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.16 **2019 Work RVU:**
2007 NF PE RVU: 3.98 **2019 NF PE RVU:**
2007 Fac PE RVU 0.26 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2017 Medicare Utilization:** 72,428

2007 Work RVU: **2019 Work RVU:** 3.84
2007 NF PE RVU: **2019 NF PE RVU:** 7.74
2007 Fac PE RVU **2019 Fac PE RVU:**2.28

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2017 Medicare Utilization:** 117,738

2007 Work RVU: **2019 Work RVU:** 1.32
2007 NF PE RVU: **2019 NF PE RVU:** 3.91
2007 Fac PE RVU **2019 Fac PE RVU:** 0.52

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2017 Medicare Utilization:** 309,137

2007 Work RVU: **2019 Work RVU:** 3.78
2007 NF PE RVU: **2019 NF PE RVU:** 7.68
2007 Fac PE RVU **2019 Fac PE RVU:** 2.26

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** No

Most Recent RUC Meeting: April 2017 **Tab** 38 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ISIS, NASS **First Identified:** September 2014 **2017 Medicare Utilization:** 481,658

2007 Work RVU: **2019 Work RVU:** 1.16
2007 NF PE RVU: **2019 NF PE RVU:** 3.60
2007 Fac PE RVU **2019 Fac PE RVU:** 0.46

RUC Recommendation: RAW review additional data **Referred to CPT** May 2015 **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2017 Medicare Utilization:** 135,225

2007 Work RVU: 2.78 **2019 Work RVU:** 1.23
2007 NF PE RVU: 3.75 **2019 NF PE RVU:** 2.53
2007 Fac PE RVU 1.75 **2019 Fac PE RVU:** 1.36

RUC Recommendation: 1.23. Remove 99238.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 4,063

2007 Work RVU: 6.22 **2019 Work RVU:** 6.36
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.73 **2019 Fac PE RVU:** 6.85

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2017 Medicare Utilization:** 759

2007 Work RVU: 7.98 **2019 Work RVU:** 8.07
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 4.86 **2019 Fac PE RVU:** 7.15

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2017 Medicare Utilization:** 975

2007 Work RVU: 10.23 **2019 Work RVU:** 9.16
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7 **2019 Fac PE RVU:** 8.99

RUC Recommendation: 9.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:** 809

2007 Work RVU: 9.70 **2019 Work RVU:** 9.93
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.13 **2019 Fac PE RVU:**13.83

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016 **2017 Medicare Utilization:** 27,552

2007 Work RVU: 0.71 **2019 Work RVU:** 0.49
2007 NF PE RVU: 0.63 **2019 NF PE RVU:** 0.79
2007 Fac PE RVU 0.3 **2019 Fac PE RVU:**0.50

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016 **2017 Medicare Utilization:** 23,026

2007 Work RVU: 0.84 **2019 Work RVU:** 0.61
2007 NF PE RVU: 0.79 **2019 NF PE RVU:** 0.95
2007 Fac PE RVU 0.39 **2019 Fac PE RVU:**0.57

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2017 Medicare Utilization:** 26,445

2007 Work RVU: 0.93 **2019 Work RVU:** 0.84
2007 NF PE RVU: 0.87 **2019 NF PE RVU:** 1.04
2007 Fac PE RVU 0.4 **2019 Fac PE RVU:**0.59

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 8 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:** 794

2007 Work RVU: 14.43 **2019 Work RVU:** 15.36
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.12 **2019 Fac PE RVU:**15.09

RUC Recommendation: 16.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Reconstruction Transplant **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 31 **Specialty Developing Recommendation:** AAO

First Identified: October 2008 **2017 Medicare Utilization:** 2,098

2007 Work RVU: 10.43 **2019 Work RVU:** 7.81
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 10.04 **2019 Fac PE RVU:**10.58

RUC Recommendation: 8.80

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2017 Medicare Utilization:** 22,229

2007 Work RVU: 1.91 **2019 Work RVU:** 1.53
2007 NF PE RVU: 1.71 **2019 NF PE RVU:** 1.78
2007 Fac PE RVU 1.16 **2019 Fac PE RVU:** 0.95

RUC Recommendation: 1.53

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2017 Medicare Utilization:**

2007 Work RVU: 1.91 **2019 Work RVU:**
2007 NF PE RVU: 2.07 **2019 NF PE RVU:**
2007 Fac PE RVU 1.16 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 150,945

2007 Work RVU: 3.90 **2019 Work RVU:** 3.00
2007 NF PE RVU: 4.14 **2019 NF PE RVU:** 3.79
2007 Fac PE RVU 3.01 **2019 Fac PE RVU:** 2.69

RUC Recommendation: 3.00

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 9,643

2007 Work RVU: 14.57 **2019 Work RVU:** 13.94
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.17 **2019 Fac PE RVU:** 16.17

RUC Recommendation: 13.94

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 32 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 3,954

RUC Recommendation: 14.81

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 18.26 **2019 Work RVU:** 14.84

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 15.21 **2019 Fac PE RVU:** 17.98

Result: Decrease

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 988

RUC Recommendation: 14.00

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 14.00

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 15.65

Result: Decrease

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2017 Medicare Utilization:** 11,471

RUC Recommendation: 15.00

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 16.02 **2019 Work RVU:** 15.00

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 10.62 **2019 Fac PE RVU:** 16.26

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 3,377

RUC Recommendation: 13.20

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 13.20
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 15.13
Result: Maintain

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft**

Global: 090 **Issue:** Aqueous Shunt

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 518

RUC Recommendation: 9.58

Referred to CPT October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 9.58
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 12.07
Result: Decrease

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft**

Global: 090 **Issue:** Aqueous Shunt

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2017 Medicare Utilization:** 1,743

RUC Recommendation: 10.58

Referred to CPT October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 9.35 **2019 Work RVU:** 10.58
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.37 **2019 Fac PE RVU:** 12.71
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2017 **2017 Medicare Utilization:** 9,584

RUC Recommendation: 6.36

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 7.70 **2019 Work RVU:** 7.93

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 6.49 **2019 Fac PE RVU:**9.78

Result: Decrease

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 52 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2017 Medicare Utilization:** 76,065

RUC Recommendation: 3.00

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 4.87 **2019 Work RVU:** 3.00

2007 NF PE RVU: 5.49 **2019 NF PE RVU:** 5.28

2007 Fac PE RVU 4.32 **2019 Fac PE RVU:**3.49

Result: Decrease

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** AAO

First Identified: October 2010 **2017 Medicare Utilization:** 661,570

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.32 **2019 Work RVU:** 3.42

2007 NF PE RVU: 4.05 **2019 NF PE RVU:** 5.75

2007 Fac PE RVU 3.6 **2019 Fac PE RVU:**5.18

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:** 161,668

RUC Recommendation: 10.25

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

2007 Work RVU: 14.83 **2019 Work RVU:** 11.08
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 9.75 **2019 Fac PE RVU:** 10.69
Result: Decrease

66983 **Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2017 Medicare Utilization:** 132

RUC Recommendation: Contractor Price

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 10.20 **2019 Work RVU:** 10.43
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 10.04
Result: Carrier Price

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2017 Medicare Utilization:** 1,700,642

RUC Recommendation: 7.35

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 10.36 **2019 Work RVU:** 8.52
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 7.24 **2019 Fac PE RVU:** 9.04
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66X01

Global: **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 13.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66X02

Global: **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 10.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2017 Medicare Utilization:** 3,411,291

2007 Work RVU: 2.52 **2019 Work RVU:** 1.44
2007 NF PE RVU: 2.59 **2019 NF PE RVU:** 1.34
2007 Fac PE RVU 1.42 **2019 Fac PE RVU:** 1.28

RUC Recommendation: Survey for April 2019.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2017 Medicare Utilization:** 16,201

RUC Recommendation: 12.13

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 13.09 **2019 Work RVU:** 12.13

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 8.96 **2019 Fac PE RVU:** 12.60

Result: Decrease

67038 **Deleted from CPT**

Global: 090 **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 23.30 **2019 Work RVU:**

2007 NF PE RVU: NA **2019 NF PE RVU:**

2007 Fac PE RVU 15.16 **2019 Fac PE RVU:**

Result: Deleted from CPT

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:** 2,895

RUC Recommendation: 13.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 16.39 **2019 Work RVU:** 13.20

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 11.94 **2019 Fac PE RVU:** 13.27

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2017 Medicare Utilization:** 9,065

RUC Recommendation: 14.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 19.23 **2019 Work RVU:** 14.50
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 13.41 **2019 Fac PE RVU:** 14.09
Result: Decrease

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2017 Medicare Utilization:** 13,626

RUC Recommendation: 16.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 16.33
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 15.23
Result: Decrease

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2017 Medicare Utilization:** 26,370

RUC Recommendation: 16.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 16.33
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 15.23
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2017 Medicare Utilization:** 486

RUC Recommendation: 17.40

Referred to CPT **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 17.40
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 15.90
Result: Decrease

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2017 Medicare Utilization:** 423

RUC Recommendation: 3.50

Referred to CPT May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 8.60 **2019 Work RVU:** 3.50
2007 NF PE RVU: 9.04 **2019 NF PE RVU:** 5.64
2007 Fac PE RVU 6.51 **2019 Fac PE RVU:** 4.34
Result: Decrease

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2015 **2017 Medicare Utilization:** 4,505

RUC Recommendation: 3.84

Referred to CPT May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 8.35 **2019 Work RVU:** 3.39
2007 NF PE RVU: 7.99 **2019 NF PE RVU:** 4.81
2007 Fac PE RVU 6.13 **2019 Fac PE RVU:** 4.18
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:** 701

2007 Work RVU: 16.35 **2019 Work RVU:** 16.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 11.19 **2019 Fac PE RVU:** 15.03

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:** 16,083

2007 Work RVU: 22.49 **2019 Work RVU:** 17.13
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 14.22 **2019 Fac PE RVU:** 15.73

RUC Recommendation: 17.13

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2017 Medicare Utilization:** 2,578

2007 Work RVU: 10.02 **2019 Work RVU:** 10.25
2007 NF PE RVU: 9.99 **2019 NF PE RVU:** 14.10
2007 Fac PE RVU 7.37 **2019 Fac PE RVU:** 12.13

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2017 Medicare Utilization:**

2007 Work RVU: 18.45 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 11.71 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 12,353

2007 Work RVU: **2019 Work RVU:** 19.00
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 17.70

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2017 Medicare Utilization:** 64,187

2007 Work RVU: 9.35 **2019 Work RVU:** 6.36
2007 NF PE RVU: 6.48 **2019 NF PE RVU:** 7.90
2007 Fac PE RVU 5.84 **2019 Fac PE RVU:** 7.39

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2017 Medicare Utilization:** 4,325

2007 Work RVU: 14.19 **2019 Work RVU:** 6.36
2007 NF PE RVU: 10.23 **2019 NF PE RVU:** 8.36
2007 Fac PE RVU 8.9 **2019 Fac PE RVU:** 7.39

RUC Recommendation: 6.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2017 Medicare Utilization:** 226

2007 Work RVU: 0.47 **2019 Work RVU:** 0.47
2007 NF PE RVU: 0.25 **2019 NF PE RVU:** 0.34
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:** 0.30

RUC Recommendation: 0.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2017 Medicare Utilization:** 70,434

2007 Work RVU: 13.67 **2019 Work RVU:** 4.39
2007 NF PE RVU: 11.2 **2019 NF PE RVU:** 5.02
2007 Fac PE RVU 8.43 **2019 Fac PE RVU:** 4.01

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2017 Medicare Utilization:** 1,175

RUC Recommendation: 10.17

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 9.97 **2019 Work RVU:** 8.38

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU 9.61 **2019 Fac PE RVU:** 10.44

Result: Maintain

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2017 Medicare Utilization:** 8,867

RUC Recommendation: 1.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.44 **2019 Work RVU:** 1.18

2007 NF PE RVU: 0.66 **2019 NF PE RVU:** 0.75

2007 Fac PE RVU 0.34 **2019 Fac PE RVU:** 0.46

Result: Decrease

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2017 Medicare Utilization:** 181

RUC Recommendation: 1.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.27 **2019 Work RVU:** 1.18

2007 NF PE RVU: 0.65 **2019 NF PE RVU:** 1.11

2007 Fac PE RVU 0.34 **2019 Fac PE RVU:** 0.76

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** July 2016 **2017 Medicare Utilization:** 26,371

2007 Work RVU: 1.40 **2019 Work RVU:** 0.75
2007 NF PE RVU: 0.65 **2019 NF PE RVU:** 1.44
2007 Fac PE RVU 0.45 **2019 Fac PE RVU:** 1.26

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry) **First Identified:** July 2015 **2017 Medicare Utilization:** 236,034

2007 Work RVU: 0.71 **2019 Work RVU:** 0.32
2007 NF PE RVU: 0.57 **2019 NF PE RVU:** 0.59
2007 Fac PE RVU 0.54 **2019 Fac PE RVU:** 0.65

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2017 Medicare Utilization:** 1,689

2007 Work RVU: 3.70 **2019 Work RVU:** 3.75
2007 NF PE RVU: 5.98 **2019 NF PE RVU:** 9.50
2007 Fac PE RVU 2.99 **2019 Fac PE RVU:** 5.26

RUC Recommendation: 3.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2017 Medicare Utilization: 324

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.21 **2019 Work RVU:** 2.03

2007 NF PE RVU: 5.62 **2019 NF PE RVU:** 6.34

2007 Fac PE RVU 2.75 **2019 Fac PE RVU:**3.44

Result: Decrease

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2017 Medicare Utilization: 1,899

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.37 **2019 Work RVU:** 5.48

2007 NF PE RVU: 7.68 **2019 NF PE RVU:** 11.14

2007 Fac PE RVU 4.65 **2019 Fac PE RVU:**6.33

Result: Maintain

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2017 Medicare Utilization: 25,101

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 6.08 **2019 Work RVU:** 5.93

2007 NF PE RVU: 8.08 **2019 NF PE RVU:** 10.97

2007 Fac PE RVU 4.95 **2019 Fac PE RVU:**6.62

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2017 Medicare Utilization:** 3,702

RUC Recommendation: 3.47

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.42 **2019 Work RVU:** 3.47

2007 NF PE RVU: 5.83 **2019 NF PE RVU:** 9.55

2007 Fac PE RVU 2.84 **2019 Fac PE RVU:** 5.09

Result: Maintain

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2017 Medicare Utilization:** 120

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 3.09 **2019 Work RVU:** 2.03

2007 NF PE RVU: 5.55 **2019 NF PE RVU:** 6.19

2007 Fac PE RVU 2.7 **2019 Fac PE RVU:** 3.42

Result: Decrease

67923 **Repair of entropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2017 Medicare Utilization:** 1,648

RUC Recommendation: 5.48

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.94 **2019 Work RVU:** 5.48

2007 NF PE RVU: 7.76 **2019 NF PE RVU:** 11.15

2007 Fac PE RVU 4.86 **2019 Fac PE RVU:** 6.35

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2017 Medicare Utilization:** 11,409

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 5.84 **2019 Work RVU:** 5.93
2007 NF PE RVU: 8.48 **2019 NF PE RVU:** 11.78
2007 Fac PE RVU 4.57 **2019 Fac PE RVU:**6.63
Result: Maintain

68040 **Expression of conjunctival follicles (eg, for trachoma)**

Global: 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2017 Medicare Utilization:** 5,175

RUC Recommendation: Revised parenthetical

Referred to CPT February 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.85 **2019 Work RVU:** 0.85
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.88
2007 Fac PE RVU 0.42 **2019 Fac PE RVU:**0.51
Result: Maintain

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2017 Medicare Utilization:** 9,088

RUC Recommendation: 0.49

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.49 **2019 Work RVU:** 0.49
2007 NF PE RVU: 0.52 **2019 NF PE RVU:** 0.65
2007 Fac PE RVU 0.32 **2019 Fac PE RVU:**0.46
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2017 Medicare Utilization:** 36,416

2007 Work RVU: 0.96 **2019 Work RVU:** 0.82
2007 NF PE RVU: 1.91 **2019 NF PE RVU:** 1.70
2007 Fac PE RVU 1.48 **2019 Fac PE RVU:** 1.35

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2017 Medicare Utilization:** 28,694

2007 Work RVU: 2.63 **2019 Work RVU:** 1.54
2007 NF PE RVU: 3.62 **2019 NF PE RVU:** 2.82
2007 Fac PE RVU 2.7 **2019 Fac PE RVU:** 1.99

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2017 Medicare Utilization:** 526

2007 Work RVU: 2.39 **2019 Work RVU:** 1.74
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 2.36 **2019 Fac PE RVU:** 1.99

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2017 Medicare Utilization:** 7,960

2007 Work RVU: 3.24 **2019 Work RVU:** 2.70
2007 NF PE RVU: 7.82 **2019 NF PE RVU:** 8.30
2007 Fac PE RVU 2.74 **2019 Fac PE RVU:** 3.40

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2017 Medicare Utilization:** 239

2007 Work RVU: **2019 Work RVU:** 2.10
2007 NF PE RVU: **2019 NF PE RVU:** 18.24
2007 Fac PE RVU **2019 Fac PE RVU:** 2.23

RUC Recommendation: 2.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2017 Medicare Utilization:** 150,357

2007 Work RVU: 0.81 **2019 Work RVU:** 0.81
2007 NF PE RVU: 1.75 **2019 NF PE RVU:** 1.87
2007 Fac PE RVU 0.4 **2019 Fac PE RVU:** 0.48

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2017 Medicare Utilization:** 49,722

2007 Work RVU: 0.77 **2019 Work RVU:** 0.77
2007 NF PE RVU: 2.29 **2019 NF PE RVU:** 1.45
2007 Fac PE RVU 0.56 **2019 Fac PE RVU:** 0.48

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS

First Identified: September 2011 **2017 Medicare Utilization:** 1,556,178

2007 Work RVU: 0.61 **2019 Work RVU:** 0.61
2007 NF PE RVU: 0.61 **2019 NF PE RVU:** 0.66
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**0.26

RUC Recommendation: 0.58.

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2017 Medicare Utilization:**

2007 Work RVU: 0.83 **2019 Work RVU:**
2007 NF PE RVU: 2.27 **2019 NF PE RVU:**
2007 Fac PE RVU 0.66 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: 000 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2017 Medicare Utilization:**

2007 Work RVU: 0.63 **2019 Work RVU:**
2007 NF PE RVU: 1.3 **2019 NF PE RVU:**
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic**

Global: 010 **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2017 Medicare Utilization:**

2007 Work RVU: 2.65 **2019 Work RVU:**
2007 NF PE RVU: 3.48 **2019 NF PE RVU:**
2007 Fac PE RVU 2.19 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2017 Medicare Utilization:** 48,200

2007 Work RVU: 1.54 **2019 Work RVU:** 1.57
2007 NF PE RVU: 3.09 **2019 NF PE RVU:** 3.87
2007 Fac PE RVU 1.6 **2019 Fac PE RVU:**1.95

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2017 Medicare Utilization:** 20,953

2007 Work RVU: 8.61 **2019 Work RVU:** 2.06
2007 NF PE RVU: NA **2019 NF PE RVU:** 3.47
2007 Fac PE RVU 9.31 **2019 Fac PE RVU:**1.22

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: 090 **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 13.39 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 11.91 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Feburary 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2017 Medicare Utilization:** 3,753

2007 Work RVU: 17.60 **2019 Work RVU:** 17.73
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 14.06 **2019 Fac PE RVU:**14.59
Result: Maintain

RUC Recommendation: 17.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2017 Medicare Utilization:** 22,061

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18
2007 NF PE RVU: 0.59 **2019 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70210 **Radiologic examination, sinuses, paranasal, less than 3 views**

Global: XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR

First Identified: October 2017 **2017 Medicare Utilization:** 39,054

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.65 **2019 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2017 Medicare Utilization:** 69,399

2007 Work RVU: 0.25 **2019 Work RVU:** 0.25
2007 NF PE RVU: 0.82 **2019 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2017 Medicare Utilization:** 46,994

2007 Work RVU: 0.24 **2019 Work RVU:** 0.24
2007 NF PE RVU: 0.7 **2019 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70260 **Radiologic examination, skull; complete, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2017 Medicare Utilization:** 10,773

2007 Work RVU: 0.34 **2019 Work RVU:** 0.34
2007 NF PE RVU: 0.96 **2019 NF PE RVU:** 0.97
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013

2017 Medicare Utilization: 2,503

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2019 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70360 **Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR

First Identified: October 2017

2017 Medicare Utilization: 71,809

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.5 **2019 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.20

Referred to CPT

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, AAFP

First Identified: October 2012

2017 Medicare Utilization: 4,257

2007 Work RVU: 0.84 **2019 Work RVU:** 0.84
2007 NF PE RVU: 2.14 **2019 NF PE RVU:** 1.86
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.44 **2019 Work RVU:**
2007 NF PE RVU: 1.83 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Maintain

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** April 2011 **2017 Medicare Utilization:** 5,803,113

2007 Work RVU: 0.85 **2019 Work RVU:** 0.85
2007 NF PE RVU: 4.91 **2019 NF PE RVU:** 2.35
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2017 Medicare Utilization:** 31,683

2007 Work RVU: 1.13 **2019 Work RVU:** 1.13
2007 NF PE RVU: 6.06 **2019 NF PE RVU:** 3.40
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2017 Medicare Utilization:** 107,627

2007 Work RVU: 1.27 **2019 Work RVU:** 1.27
2007 NF PE RVU: 7.49 **2019 NF PE RVU:** 4.04
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.27. Survey for work and PE for April 2013 RUC meeting (Identified as part of 70450 family).

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material** **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2017 Medicare Utilization:** 52,926

2007 Work RVU: 1.28 **2019 Work RVU:** 1.28
2007 NF PE RVU: 5.86 **2019 NF PE RVU:** 5.19
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.28

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70481 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)** **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2017 Medicare Utilization:** 9,789

2007 Work RVU: 1.38 **2019 Work RVU:** 1.38
2007 NF PE RVU: 6.95 **2019 NF PE RVU:** 6.29
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

70482 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 16 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2017 **2017 Medicare Utilization:** 5,118

2007 Work RVU: 1.45 **2019 Work RVU:** 1.45
2007 NF PE RVU: 8.36 **2019 NF PE RVU:** 6.90
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2017 Medicare Utilization:** 518,946

2007 Work RVU: 1.14 **2019 Work RVU:** 0.85
2007 NF PE RVU: 5.42 **2019 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2014 **2017 Medicare Utilization:** 27,104

2007 Work RVU: 1.30 **2019 Work RVU:** 1.13
2007 NF PE RVU: 6.55 **2019 NF PE RVU:** 3.51
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2017 Medicare Utilization:** 3,736

2007 Work RVU: 1.42 **2019 Work RVU:** 1.27
2007 NF PE RVU: 8.11 **2019 NF PE RVU:** 4.39
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 69,512

2007 Work RVU: 1.28 **2019 Work RVU:** 1.28
2007 NF PE RVU: 5.39 **2019 NF PE RVU:** 3.27
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.28 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 258,941

2007 Work RVU: 1.38 **2019 Work RVU:** 1.38
2007 NF PE RVU: 6.48 **2019 NF PE RVU:** 4.24
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 23,945

2007 Work RVU: 1.45 **2019 Work RVU:** 1.62
2007 NF PE RVU: 8.04 **2019 NF PE RVU:** 5.16
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2017 Medicare Utilization:** 351,732

2007 Work RVU: 1.75 **2019 Work RVU:** 1.75
2007 NF PE RVU: 12.43 **2019 NF PE RVU:** 6.44
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2017 Medicare Utilization:** 373,726

2007 Work RVU: 1.75 **2019 Work RVU:** 1.75
2007 NF PE RVU: 12.45 **2019 NF PE RVU:** 6.42
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 10,789

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35
2007 NF PE RVU: 12.11 **2019 NF PE RVU:** 6.04
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 1,310

2007 Work RVU: 1.62 **2019 Work RVU:** 1.62
2007 NF PE RVU: 14.09 **2019 NF PE RVU:** 7.16
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 57,015

2007 Work RVU: 2.15 **2019 Work RVU:** 2.15
2007 NF PE RVU: 23.65 **2019 NF PE RVU:** 8.88
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 275,314

2007 Work RVU: 1.20 **2019 Work RVU:** 1.20
2007 NF PE RVU: 12.46 **2019 NF PE RVU:** 6.55
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 4,064

2007 Work RVU: 1.20 **2019 Work RVU:** 1.20
2007 NF PE RVU: 12.44 **2019 NF PE RVU:** 6.49
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 17,981

2007 Work RVU: 1.80 **2019 Work RVU:** 1.48
2007 NF PE RVU: 22.97 **2019 NF PE RVU:** 9.91
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 84,747

2007 Work RVU: 1.20 **2019 Work RVU:** 1.20
2007 NF PE RVU: 12.45 **2019 NF PE RVU:** 6.58
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 22,771

2007 Work RVU: 1.20 **2019 Work RVU:** 1.50
2007 NF PE RVU: 12.65 **2019 NF PE RVU:** 7.05
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2017 Medicare Utilization:** 69,318

2007 Work RVU: 1.80 **2019 Work RVU:** 1.80
2007 NF PE RVU: 22.96 **2019 NF PE RVU:** 10.09
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2017 Medicare Utilization:** 1,113,764

2007 Work RVU: 1.48 **2019 Work RVU:** 1.48
2007 NF PE RVU: 12.2 **2019 NF PE RVU:** 4.81
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2017 Medicare Utilization:** 25,562

2007 Work RVU: 1.78 **2019 Work RVU:** 1.78
2007 NF PE RVU: 14.22 **2019 NF PE RVU:** 6.96
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2017 Medicare Utilization:** 995,338

2007 Work RVU: 2.36 **2019 Work RVU:** 2.29
2007 NF PE RVU: 23.53 **2019 NF PE RVU:** 8.01
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2017 Medicare Utilization:** 16,771,809

2007 Work RVU: 0.18 **2019 Work RVU:**
2007 NF PE RVU: 0.5 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 371

2007 Work RVU: 0.21 **2019 Work RVU:**
2007 NF PE RVU: 0.58 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: XXX **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2017 Medicare Utilization:** 11,520,636

2007 Work RVU: 0.22 **2019 Work RVU:**
2007 NF PE RVU: 0.66 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 5,291

2007 Work RVU: 0.27 **2019 Work RVU:**
2007 NF PE RVU: 0.79 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 17,553

2007 Work RVU: 0.31 **2019 Work RVU:**
2007 NF PE RVU: 0.84 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 3,133

2007 Work RVU: 0.38 **2019 Work RVU:**
2007 NF PE RVU: 1.06 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 8,296

2007 Work RVU: 0.31 **2019 Work RVU:**
2007 NF PE RVU: 0.88 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**

Global: XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 511

2007 Work RVU: 0.46 **2019 Work RVU:**
2007 NF PE RVU: 1.69 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)** **Global:** XXX **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 76,544

2007 Work RVU: 0.18 **2019 Work RVU:**
2007 NF PE RVU: 0.62 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

71045 **Radiologic examination, chest; single view** **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.50
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

71046 **Radiologic examination, chest; 2 views** **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.22
2007 NF PE RVU: **2019 NF PE RVU:** 0.65
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

71047 **Radiologic examination, chest; 3 views** **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.27
2007 NF PE RVU: **2019 NF PE RVU:** 0.83
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.31

2007 NF PE RVU: **2019 NF PE RVU:** 0.88

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT February 2016

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: XXX **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**

2007 NF PE RVU: NA **2019 NF PE RVU:**

2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71100 **Radiologic examination, ribs, unilateral; 2 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2017 Medicare Utilization:** 199,102

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22

2007 NF PE RVU: 0.63 **2019 NF PE RVU:** 0.73

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.22

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2017 Medicare Utilization:** 296,255

2007 Work RVU: 0.27 **2019 Work RVU:** 0.27
2007 NF PE RVU: 0.75 **2019 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2017 Medicare Utilization:** 28,266

2007 Work RVU: 0.27 **2019 Work RVU:** 0.29
2007 NF PE RVU: 0.84 **2019 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2017 Medicare Utilization:** 30,514

2007 Work RVU: 0.32 **2019 Work RVU:** 0.32
2007 NF PE RVU: 1 **2019 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.32 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax; without contrast material**

Global: XXX **Issue:** CT Chest **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2017 Medicare Utilization:** 2,114,927

2007 Work RVU: 1.16 **2019 Work RVU:** 1.16
2007 NF PE RVU: 6.24 **2019 NF PE RVU:** 3.23
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71260 **Computed tomography, thorax; with contrast material(s)**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 1,771,680

2007 Work RVU: 1.24 **2019 Work RVU:** 1.24
2007 NF PE RVU: 7.5 **2019 NF PE RVU:** 4.21
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71270 **Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Chest **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 31 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 77,848

2007 Work RVU: 1.38 **2019 Work RVU:** 1.38
2007 NF PE RVU: 9.36 **2019 NF PE RVU:** 5.09
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.24

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 27 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2017 Medicare Utilization:** 1,144,528

2007 Work RVU: 1.92 **2019 Work RVU:** 1.82
2007 NF PE RVU: 12.53 **2019 NF PE RVU:** 6.56
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.82

Referred to CPT

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: April 2016 **2017 Medicare Utilization:** 157,762

2007 Work RVU: 0.15 **2019 Work RVU:** 0.15
2007 NF PE RVU: 0.46 **2019 NF PE RVU:** 0.48
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR

First Identified: October 2010 **2017 Medicare Utilization:** 637,494

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.79
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.22

Referred to CPT October 2011

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2017 Medicare Utilization:** 387,194

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.31 **2019 Work RVU:** 0.31
2007 NF PE RVU: 1 **2019 NF PE RVU:** 1.08
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Decrease

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2017 Medicare Utilization:** 89,688

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.36 **2019 Work RVU:** 0.36
2007 NF PE RVU: 1.27 **2019 NF PE RVU:** 1.30
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Decrease

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2017 Medicare Utilization:** 306,739

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72072 **Radiologic examination, spine; thoracic, 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2017 Medicare Utilization:** 195,538

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.78 **2019 NF PE RVU:** 0.78
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2017 Medicare Utilization:** 14,377

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.96 **2019 NF PE RVU:** 0.88
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2017 Medicare Utilization:** 43,607

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.72 **2019 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine

Screen: Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: January 2019

Tab 27

Specialty Developing Recommendation: AAOS, ACR, ASNR

First Identified: February 2010

2017 Medicare Utilization: 1,861,601

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22

2007 NF PE RVU: 0.75 **2019 NF PE RVU:** 0.79

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.22

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine

Screen: Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: January 2019

Tab 27

Specialty Developing Recommendation: AAOS, ACR, ASNR

First Identified: October 2009

2017 Medicare Utilization: 844,951

2007 Work RVU: 0.31 **2019 Work RVU:** 0.31

2007 NF PE RVU: 1.03 **2019 NF PE RVU:** 1.10

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.26

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** X-Ray Spine

Screen: Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: January 2019

Tab 27

Specialty Developing Recommendation: AAOS, ACR, ASNR

First Identified: February 2010

2017 Medicare Utilization: 96,666

2007 Work RVU: 0.36 **2019 Work RVU:** 0.32

2007 NF PE RVU: 1.36 **2019 NF PE RVU:** 1.29

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.30

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2017 Medicare Utilization:** 47,282

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.98 **2019 NF PE RVU:** 0.97
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.22 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2017 Medicare Utilization:** 1,200,377

2007 Work RVU: 1.16 **2019 Work RVU:** 1.07
2007 NF PE RVU: 6.24 **2019 NF PE RVU:** 4.04
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.07 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:** 20,810

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2019 NF PE RVU:** 5.10
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:** 2,196

2007 Work RVU: 1.27 **2019 Work RVU:** 1.27
2007 NF PE RVU: 9.3 **2019 NF PE RVU:** 6.23
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.27 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2017 Medicare Utilization:** 173,091

2007 Work RVU: 1.16 **2019 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2019 NF PE RVU:** 4.01
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:** 21,298

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2019 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:** 1,429

2007 Work RVU: 1.27 **2019 Work RVU:** 1.27
2007 NF PE RVU: 9.29 **2019 NF PE RVU:** 6.24
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72131 **Computed tomography, lumbar spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:** 477,894

2007 Work RVU: 1.16 **2019 Work RVU:** 1.00
2007 NF PE RVU: 6.24 **2019 NF PE RVU:** 3.99
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:** 59,579

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 7.49 **2019 NF PE RVU:** 5.11
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2017 Medicare Utilization:** 4,778

2007 Work RVU: 1.27 **2019 Work RVU:** 1.27
2007 NF PE RVU: 9.34 **2019 NF PE RVU:** 6.20
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.27 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2017 Medicare Utilization:** 581,609

2007 Work RVU: 1.60 **2019 Work RVU:** 1.48
2007 NF PE RVU: 11.76 **2019 NF PE RVU:** 4.64
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2017 Medicare Utilization:** 4,266

2007 Work RVU: 1.92 **2019 Work RVU:** 1.78
2007 NF PE RVU: 14.26 **2019 NF PE RVU:** 7.12
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2017 Medicare Utilization:** 210,410

2007 Work RVU: 1.60 **2019 Work RVU:** 1.48
2007 NF PE RVU: 12.69 **2019 NF PE RVU:** 4.65
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2017 Medicare Utilization:** 3,865

2007 Work RVU: 1.92 **2019 Work RVU:** 1.78
2007 NF PE RVU: 13.76 **2019 NF PE RVU:** 7.08
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2017 Medicare Utilization:** 1,314,910

2007 Work RVU: 1.48 **2019 Work RVU:** 1.48
2007 NF PE RVU: 12.66 **2019 NF PE RVU:** 4.65
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2017 Medicare Utilization:** 6,880

2007 Work RVU: 1.78 **2019 Work RVU:** 1.78
2007 NF PE RVU: 14.23 **2019 NF PE RVU:** 7.01
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2017 Medicare Utilization:** 119,679

2007 Work RVU: 2.57 **2019 Work RVU:** 2.29
2007 NF PE RVU: 23.52 **2019 NF PE RVU:** 8.08
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 2.29 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2017 Medicare Utilization:** 93,770

2007 Work RVU: 2.57 **2019 Work RVU:** 2.29
2007 NF PE RVU: 23.12 **2019 NF PE RVU:** 8.11
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: April 2013 **2017 Medicare Utilization:** 255,396

2007 Work RVU: 2.36 **2019 Work RVU:** 2.29
2007 NF PE RVU: 23.45 **2019 NF PE RVU:** 8.06
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2017 Medicare Utilization:** 812,142

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.56 **2019 NF PE RVU:** 0.74
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017 **2017 Medicare Utilization:** 54,909

2007 Work RVU: 0.21 **2019 Work RVU:** 0.21

2007 NF PE RVU: 0.76 **2019 NF PE RVU:** 0.89

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2008 **2017 Medicare Utilization:** 2,263

2007 Work RVU: 1.81 **2019 Work RVU:** 1.81

2007 NF PE RVU: 12.15 **2019 NF PE RVU:** 6.91

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.81

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2017 Medicare Utilization:** 170,787

2007 Work RVU: 1.09 **2019 Work RVU:** 1.09

2007 NF PE RVU: 6.12 **2019 NF PE RVU:** 2.94

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.09

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2017 Medicare Utilization:** 35,629

2007 Work RVU: 1.16 **2019 Work RVU:** 1.16

2007 NF PE RVU: 7.2 **2019 NF PE RVU:** 5.35

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.16

Referred to CPT October 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2017 Medicare Utilization:** 5,769

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22

2007 NF PE RVU: 9.06 **2019 NF PE RVU:** 6.18

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.22

Referred to CPT October 2009

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 78,222

2007 Work RVU: 1.46 **2019 Work RVU:** 1.46

2007 NF PE RVU: 12.19 **2019 NF PE RVU:** 6.07

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.46

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)** **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 3,015

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 14.18 **2019 NF PE RVU:** 7.05
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences** **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 159,149

2007 Work RVU: 2.26 **2019 Work RVU:** 2.20
2007 NF PE RVU: 23.71 **2019 NF PE RVU:** 8.89
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Decrease

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72200 **Radiologic examination, sacroiliac joints; less than 3 views** **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2017 Medicare Utilization:** 15,092

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.58 **2019 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

72202 **Radiologic examination, sacroiliac joints; 3 or more views** **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2017 Medicare Utilization:** 34,461

2007 Work RVU: 0.19 **2019 Work RVU:** 0.19
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.77
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Increase

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2017 Medicare Utilization:** 119,608

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Increase

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2017 Medicare Utilization:** 841

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.91 **2019 Work RVU:** 0.91
2007 NF PE RVU: 4.37 **2019 NF PE RVU:** 1.97
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2017 Medicare Utilization:** 137

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.91 **2019 Work RVU:** 0.91
2007 NF PE RVU: 3.98 **2019 NF PE RVU:** 1.99
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2017 Medicare Utilization:** 4,053

2007 Work RVU: 0.83 **2019 Work RVU:** 0.83
2007 NF PE RVU: 3.83 **2019 NF PE RVU:** 1.86
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.83 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2017 Medicare Utilization:** 1,116

2007 Work RVU: 1.33 **2019 Work RVU:** 1.33
2007 NF PE RVU: 5.81 **2019 NF PE RVU:** 2.40
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2017 Medicare Utilization:** 73,524

2007 Work RVU: 0.76 **2019 Work RVU:** 0.76
2007 NF PE RVU: 2.15 **2019 NF PE RVU:** 2.67
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.76, CPT Assistant article published. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

Status Report: CMS Requests and Relativity Assessment Issues

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: XXX **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2017 Medicare Utilization:** 98,133

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017

2017 Medicare Utilization: 53,734

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17

2007 NF PE RVU: 0.58 **2019 NF PE RVU:** 0.71

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73020 **Radiologic examination, shoulder; 1 view**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017

2017 Medicare Utilization: 126,581

2007 Work RVU: 0.15 **2019 Work RVU:** 0.15

2007 NF PE RVU: 0.5 **2019 NF PE RVU:** 0.50

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.15

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010

2017 Medicare Utilization: 2,626,668

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18

2007 NF PE RVU: 0.61 **2019 NF PE RVU:** 0.65

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73050 **Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2017 Medicare Utilization:** 9,924

2007 Work RVU: 0.20 **2019 Work RVU:** 0.20
2007 NF PE RVU: 0.73 **2019 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2017 Medicare Utilization:** 349,190

2007 Work RVU: 0.17 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.61 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73070 **Radiologic examination, elbow; 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2017 Medicare Utilization:** 228,255

2007 Work RVU: 0.15 **2019 Work RVU:** 0.15
2007 NF PE RVU: 0.56 **2019 NF PE RVU:** 0.59
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2017 Medicare Utilization:** 384,307

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.66 **2019 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2017 Medicare Utilization:** 236,699

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.56 **2019 NF PE RVU:** 0.61
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 298,041

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.55 **2019 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 32 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2017 Medicare Utilization:** 1,028,040

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.63 **2019 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 275,910

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2017 Medicare Utilization:** 1,177,668

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2019 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73140 **Radiologic examination, finger(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 373,595

2007 Work RVU: 0.13 **2019 Work RVU:** 0.13
2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.80
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.13 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73200 **Computed tomography, upper extremity; without contrast material** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 23 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2017 Medicare Utilization:** 105,628

2007 Work RVU: 1.09 **2019 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2019 NF PE RVU:** 3.98
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.09 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73201 **Computed tomography, upper extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2017 Medicare Utilization:** 18,432

2007 Work RVU: 1.16 **2019 Work RVU:** 1.16
2007 NF PE RVU: 6.58 **2019 NF PE RVU:** 5.04
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2017 Medicare Utilization:** 1,923

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 8.38 **2019 NF PE RVU:** 6.52
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2017 Medicare Utilization:** 5,004

2007 Work RVU: 1.81 **2019 Work RVU:** 1.81
2007 NF PE RVU: 11.22 **2019 NF PE RVU:** 7.31
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2017 Medicare Utilization:** 31,543

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35
2007 NF PE RVU: 12.24 **2019 NF PE RVU:** 8.67
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011

Result: Maintain

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2017 Medicare Utilization:** 454,407

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35
2007 NF PE RVU: 11.98 **2019 NF PE RVU:** 5.12
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.17 **2019 Work RVU:**
2007 NF PE RVU: 0.52 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2017 Medicare Utilization:** 338,427

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.67
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2017 Medicare Utilization:** 2,614,178

2007 Work RVU: **2019 Work RVU:** 0.22
2007 NF PE RVU: **2019 NF PE RVU:** 0.97
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2017 Medicare Utilization:** 47,457

2007 Work RVU: **2019 Work RVU:** 0.27
2007 NF PE RVU: **2019 NF PE RVU:** 1.21
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.21 **2019 Work RVU:**
2007 NF PE RVU: 0.67 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 0.76 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2017 Medicare Utilization:** 180,938

2007 Work RVU: **2019 Work RVU:** 0.22
2007 NF PE RVU: **2019 NF PE RVU:** 0.84
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2017 Medicare Utilization:** 175,844

2007 Work RVU: **2019 Work RVU:** 0.29
2007 NF PE RVU: **2019 NF PE RVU:** 1.09
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2017 Medicare Utilization:** 91,118

2007 Work RVU: **2019 Work RVU:** 0.31
2007 NF PE RVU: **2019 NF PE RVU:** 1.31
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.20 **2019 Work RVU:**
2007 NF PE RVU: 0.68 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.59 **2019 Work RVU:**
2007 NF PE RVU: 1.98 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

73550 **Radiologic examination, femur, 2 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.17 **2019 Work RVU:**
2007 NF PE RVU: 0.61 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2017 Medicare Utilization:** 39,661

2007 Work RVU: **2019 Work RVU:** 0.16
2007 NF PE RVU: **2019 NF PE RVU:** 0.62
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2017 Medicare Utilization:** 536,553

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.74
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73560 **Radiologic examination, knee; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2017 Medicare Utilization:** 1,901,940

2007 Work RVU: 0.17 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.58 **2019 NF PE RVU:** 0.73
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73562 **Radiologic examination, knee; 3 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010 **2017 Medicare Utilization:** 2,407,416

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18
2007 NF PE RVU: 0.65 **2019 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73564 **Radiologic examination, knee; complete, 4 or more views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2017 Medicare Utilization:** 1,483,217

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 0.73 **2019 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73565 **Radiologic examination, knee; both knees, standing, anteroposterior** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2017 Medicare Utilization:** 259,817

2007 Work RVU: 0.17 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2019 NF PE RVU:** 0.87
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation** **Global:** XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2017 Medicare Utilization:** 45,424

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 2.67 **2019 NF PE RVU:** 2.99
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Review October 2020 via action plan. Show data for the total joint replacement codes in correlation with this service. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

Status Report: CMS Requests and Relativity Assessment Issues

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2017 Medicare Utilization:** 504,537

2007 Work RVU: 0.17 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.57 **2019 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2017 Medicare Utilization:** 250,733

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2019 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2017 Medicare Utilization:** 1,262,380

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.61 **2019 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2017 Medicare Utilization:** 639,906

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.54 **2019 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2017 Medicare Utilization:** 2,694,718

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.6 **2019 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73650 **Radiologic examination; calcaneus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2017 Medicare Utilization:** 89,676

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.53 **2019 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2017 Medicare Utilization:** 117,785

2007 Work RVU: 0.13 **2019 Work RVU:** 0.13
2007 NF PE RVU: 0.5 **2019 NF PE RVU:** 0.66
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material**

Global: XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2017 Medicare Utilization:** 285,360

2007 Work RVU: 1.09 **2019 Work RVU:** 1.00
2007 NF PE RVU: 5.5 **2019 NF PE RVU:** 3.99
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73701 **Computed tomography, lower extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2017 Medicare Utilization:** 40,170

2007 Work RVU: 1.16 **2019 Work RVU:** 1.16
2007 NF PE RVU: 6.6 **2019 NF PE RVU:** 5.12
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2017 Medicare Utilization:** 5,125

2007 Work RVU: 1.22 **2019 Work RVU:** 1.22
2007 NF PE RVU: 8.4 **2019 NF PE RVU:** 6.40
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2017 Medicare Utilization:** 14,414

2007 Work RVU: 1.90 **2019 Work RVU:** 1.90
2007 NF PE RVU: 11.61 **2019 NF PE RVU:** 7.97
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Remove from Screen

RUC Recommendation: Survey for October 2013. Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 138,116

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35
2007 NF PE RVU: 12.14 **2019 NF PE RVU:** 5.95
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 1,703

2007 Work RVU: 1.62 **2019 Work RVU:** 1.62
2007 NF PE RVU: 14.12 **2019 NF PE RVU:** 7.01
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 59,516

2007 Work RVU: 2.15 **2019 Work RVU:** 2.15
2007 NF PE RVU: 23.7 **2019 NF PE RVU:** 8.92
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2017 Medicare Utilization:** 661,647

RUC Recommendation: 1.35

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 1.35 **2019 Work RVU:** 1.35

2007 NF PE RVU: 12.05 **2019 NF PE RVU:** 5.12

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

Result: Maintain

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2017 Medicare Utilization:** 2,144,824

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.18 **2019 Work RVU:**

2007 NF PE RVU: 0.55 **2019 NF PE RVU:**

2007 Fac PE RVU NA **2019 Fac PE RVU:**

Result: Deleted from CPT

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 34,522

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.23 **2019 Work RVU:**

2007 NF PE RVU: 0.68 **2019 NF PE RVU:**

2007 Fac PE RVU NA **2019 Fac PE RVU:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74018 **Radiologic examination, abdomen; 1 view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.60
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74019 **Radiologic examination, abdomen; 2 views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.23
2007 NF PE RVU: **2019 NF PE RVU:** 0.73
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 523,022

2007 Work RVU: 0.27 **2019 Work RVU:**
2007 NF PE RVU: 0.72 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

74021 **Radiologic examination, abdomen; 3 or more views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.27
2007 NF PE RVU: **2019 NF PE RVU:** 0.83
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74022 **Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 405,509

2007 Work RVU: 0.32 **2019 Work RVU:** 0.32
2007 NF PE RVU: 0.85 **2019 NF PE RVU:** 0.96
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.32 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2017 Medicare Utilization:** 86,167

2007 Work RVU: 1.19 **2019 Work RVU:** 1.19
2007 NF PE RVU: 5.97 **2019 NF PE RVU:** 2.95
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Review PE. 0.35 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2017 Medicare Utilization:** 115,926

2007 Work RVU: 1.27 **2019 Work RVU:** 1.27
2007 NF PE RVU: 7.53 **2019 NF PE RVU:** 5.37
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.42 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2017 Medicare Utilization:** 102,998

RUC Recommendation: 1.40 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.40 **2019 Work RVU:** 1.40
2007 NF PE RVU: 9.6 **2019 NF PE RVU:** 6.13
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** **2017 Medicare Utilization:** 233,366

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 2.20
2007 NF PE RVU: **2019 NF PE RVU:** 8.81
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Decrease

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2017 Medicare Utilization:** 41,181

RUC Recommendation: 1.82 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.90 **2019 Work RVU:** 1.82
2007 NF PE RVU: 12.39 **2019 NF PE RVU:** 6.93
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74176 **Computed tomography, abdomen and pelvis; without contrast material** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2017 Medicare Utilization:** 2,286,799

2007 Work RVU: **2019 Work RVU:** 1.74
2007 NF PE RVU: **2019 NF PE RVU:** 3.80
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)** **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 44 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2017 Medicare Utilization:** 3,046,201

2007 Work RVU: **2019 Work RVU:** 1.82
2007 NF PE RVU: **2019 NF PE RVU:** 7.06
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.82 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions** **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2017 Medicare Utilization:** 533,678

2007 Work RVU: **2019 Work RVU:** 2.01
2007 NF PE RVU: **2019 NF PE RVU:** 8.01
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 113,713

2007 Work RVU: 1.46 **2019 Work RVU:** 1.46

2007 NF PE RVU: 11.71 **2019 NF PE RVU:** 5.33

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.46

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 5,618

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73

2007 NF PE RVU: 14.63 **2019 NF PE RVU:** 8.26

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.73

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 292,696

2007 Work RVU: 2.26 **2019 Work RVU:** 2.20

2007 NF PE RVU: 23.72 **2019 NF PE RVU:** 8.90

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74210 **Radiologic examination; pharynx and/or cervical esophagus**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2016 **2017 Medicare Utilization:** 1,586

2007 Work RVU: 0.36 **2019 Work RVU:** 0.59

2007 NF PE RVU: 1.4 **2019 NF PE RVU:** 1.86

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.59

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74220 **Radiologic examination; esophagus**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2016

2017 Medicare Utilization: 194,111

2007 Work RVU: 0.46 **2019 Work RVU:** 0.67

2007 NF PE RVU: 1.48 **2019 NF PE RVU:** 2.01

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74230 **Swallowing function, with cineradiography/videoradiography**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013

2017 Medicare Utilization: 382,989

2007 Work RVU: 0.53 **2019 Work RVU:** 0.53

2007 NF PE RVU: 1.57 **2019 NF PE RVU:** 3.02

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.53

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74240 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2017 Medicare Utilization: 59,633

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69

2007 NF PE RVU: 1.8 **2019 NF PE RVU:** 2.71

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.80

Referred to CPT May 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74241 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 25,803

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 1.89 **2019 NF PE RVU:** 2.85
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 15,762

2007 Work RVU: 0.91 **2019 Work RVU:** 0.91
2007 NF PE RVU: 2.94 **2019 NF PE RVU:** 4.27
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74246 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 38,400

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 2.06 **2019 NF PE RVU:** 3.10
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.90

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2017 Medicare Utilization:** 23,266

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 2.18 **2019 NF PE RVU:** 3.58
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 16,491

2007 Work RVU: 0.91 **2019 Work RVU:** 0.91
2007 NF PE RVU: 3.17 **2019 NF PE RVU:** 4.65
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74250 **Radiologic examination, small intestine, includes multiple serial images;**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 53,145

2007 Work RVU: 0.47 **2019 Work RVU:** 0.47
2007 NF PE RVU: 1.68 **2019 NF PE RVU:** 2.67
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.81

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74251 **Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 335

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 3.52 **2019 NF PE RVU:** 11.42
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.17

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74260 **Duodenography, hypotonic**

Global: XXX **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 25

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 3.21 **2019 NF PE RVU:** 9.38
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74270 **Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2017 Medicare Utilization:** 33,523

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 2.29 **2019 NF PE RVU:** 3.80
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.04

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74280 **Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 11 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2017 Medicare Utilization:** 12,013

2007 Work RVU: 0.99 **2019 Work RVU:** 0.99
2007 NF PE RVU: 3.07 **2019 NF PE RVU:** 5.35
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.26

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74300 **Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 36,057

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: Survey for April

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

74301 **Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Refer to CPT for deletion

Referred to CPT May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

74305 **Deleted from CPT**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.54 **2019 Work RVU:**
2007 NF PE RVU: 3 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2017 Medicare Utilization:**

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 2.19 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

74328 **Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 61,227

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Survey for April

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

74329 **Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:** 2,985

2007 Work RVU: 0.70 **2019 Work RVU:** 0.70
2007 NF PE RVU: **2019 NF PE RVU:** 0.28
2007 Fac PE RVU **2019 Fac PE RVU:** 0.28

RUC Recommendation: Survey for April **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74330 **Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: **Tab** **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:** 17,534

2007 Work RVU: 0.90 **2019 Work RVU:** 0.90
2007 NF PE RVU: **2019 NF PE RVU:** 0.34
2007 Fac PE RVU **2019 Fac PE RVU:** 0.34

RUC Recommendation: Survey for April **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2017 Medicare Utilization:** 8,496

2007 Work RVU: 0.49 **2019 Work RVU:** 0.49
2007 NF PE RVU: 2 **2019 NF PE RVU:** 2.83
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2017 Medicare Utilization:** 158,819

2007 Work RVU: 0.00 **2019 Work RVU:** 0.52
2007 NF PE RVU: NA **2019 NF PE RVU:** 1.47
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**

Global: XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 4,223

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Referred to CPT for editorial changes. 0.51 **Referred to CPT** May 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.54 **2019 Work RVU:**
2007 NF PE RVU: 3.69 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: XXX **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.54 **2019 Work RVU:**
2007 NF PE RVU: 3.69 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74485 **Dilation of ureter(s) or urethra, radiological supervision and interpretation** **Global:** XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2017 Medicare Utilization:** 3,087

2007 Work RVU: 0.54 **2019 Work RVU:** 0.83
2007 NF PE RVU: 3.03 **2019 NF PE RVU:** 2.15
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74X00 **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74X01 **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.70 - Refer to CPT for Editorial Revision

Referred to CPT February 2019-EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2017 Medicare Utilization:** 58,771

2007 Work RVU: **2019 Work RVU:** 2.40
2007 NF PE RVU: **2019 NF PE RVU:** 8.49
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2017 Medicare Utilization:** 98,357

2007 Work RVU: 1.14 **2019 Work RVU:** 1.14
2007 NF PE RVU: 10.55 **2019 NF PE RVU:** 2.44
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

75630 **Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2017 Medicare Utilization:** 29,394

2007 Work RVU: 1.79 **2019 Work RVU:** 1.79
2007 NF PE RVU: 11.24 **2019 NF PE RVU:** 2.70
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2017 Medicare Utilization:** 104,789

2007 Work RVU: 2.40 **2019 Work RVU:** 2.40
2007 NF PE RVU: 15.56 **2019 NF PE RVU:** 9.88
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 2.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.49 **2019 Work RVU:**
2007 NF PE RVU: 10.66 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation**

Global: XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.66 **2019 Work RVU:**
2007 NF PE RVU: 11.08 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.66 **2019 Work RVU:**
2007 NF PE RVU: 10.96 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2017 Medicare Utilization:** 148,578

2007 Work RVU: 1.14 **2019 Work RVU:** 1.75
2007 NF PE RVU: 10.72 **2019 NF PE RVU:** 2.75
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.75 and review utilization in October 2020 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2017 Medicare Utilization:** 77,939

2007 Work RVU: 1.31 **2019 Work RVU:** 1.97
2007 NF PE RVU: 10.96 **2019 NF PE RVU:** 2.86
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.14 **2019 Work RVU:**
2007 NF PE RVU: 10.7 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.49 **2019 Work RVU:**
2007 NF PE RVU: 11.15 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2017 Medicare Utilization:** 43,764

2007 Work RVU: 1.14 **2019 Work RVU:** 1.14
2007 NF PE RVU: 10.61 **2019 NF PE RVU:** 2.85
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.05 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2017 Medicare Utilization:** 76,082

2007 Work RVU: 0.36 **2019 Work RVU:** 0.36
2007 NF PE RVU: 10.15 **2019 NF PE RVU:** 1.93
2007 Fac PE RVU 10.15 **2019 Fac PE RVU:**NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: XXX **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.84 **2019 Work RVU:**
2007 NF PE RVU: 2.2 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: XXX **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2017 Medicare Utilization:** 331

2007 Work RVU: 1.44 **2019 Work RVU:** 1.44
2007 NF PE RVU: 10.54 **2019 NF PE RVU:** 2.76
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2017 Medicare Utilization:** 502

2007 Work RVU: 1.44 **2019 Work RVU:** 1.44
2007 NF PE RVU: 10.6 **2019 NF PE RVU:** 2.78
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 8,227

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Review action plan **Referred to CPT** RAW will assess Oct 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** February 2014 February 2015 May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2017 Medicare Utilization:** 10,760

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** February 2014 February 2015 **Result:** Contractor Price

Referred to CPT Asst ☑ **Published in CPT Asst:**

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: XXX **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: XXX **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2017 Medicare Utilization:** 16,240

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2017 Medicare Utilization:** 10,845

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2017 Medicare Utilization:** 745

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: XXX **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 4.24 **2019 Work RVU:**
2007 NF PE RVU: 9.99 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.54 **2019 Work RVU:**
2007 NF PE RVU: 12.8 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.36 **2019 Work RVU:**
2007 NF PE RVU: 6.96 **2019 NF PE RVU:**
2007 Fac PE RVU 6.96 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2017 Medicare Utilization:**

2007 Work RVU: 1.31 **2019 Work RVU:**
2007 NF PE RVU: 13.18 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2017 Medicare Utilization:**

2007 Work RVU: 0.36 **2019 Work RVU:**
2007 NF PE RVU: 6.99 **2019 NF PE RVU:**
2007 Fac PE RVU 6.99 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: XXX **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2017 Medicare Utilization:**

2007 Work RVU: 0.54 **2019 Work RVU:**
2007 NF PE RVU: 12.72 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: XXX **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent - Renal **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 18,674

2007 Work RVU: 0.72 **2019 Work RVU:** 0.72
2007 NF PE RVU: 2.18 **2019 NF PE RVU:** 2.12
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Survey for April 2019 **Referred to CPT** RAW will assess Oct 2018 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** XXX **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III** **Global:** ZZZ **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time** **Global:** XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2017 Medicare Utilization:** 119,832

2007 Work RVU: 0.17 **2019 Work RVU:** 0.30
2007 NF PE RVU: 1.68 **2019 NF PE RVU:** 0.99
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)** **Global:** XXX **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2017 Medicare Utilization:** 5,175

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76098 **Radiological examination, surgical specimen** **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2017 Medicare Utilization:** 61,421

2007 Work RVU: 0.16 **2019 Work RVU:** 0.16
2007 NF PE RVU: 0.43 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.31 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2017 Medicare Utilization:** 5,272

2007 Work RVU: 0.58 **2019 Work RVU:** 0.58
2007 NF PE RVU: 1.93 **2019 NF PE RVU:** 2.03
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2017 Medicare Utilization:** 5

2007 Work RVU: 0.58 **2019 Work RVU:** 0.58
2007 NF PE RVU: 2.5 **2019 NF PE RVU:** 1.94
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2017 Medicare Utilization:** 1,769

2007 Work RVU: 0.58 **2019 Work RVU:** 0.58
2007 NF PE RVU: 3.35 **2019 NF PE RVU:** 4.20
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2017 Medicare Utilization:** 232,013

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.20 **2019 Work RVU:** 0.20
2007 NF PE RVU: 2.95 **2019 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2017 Medicare Utilization:** 14,383

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.55 **2019 Work RVU:** 0.70
2007 NF PE RVU: 2.73 **2019 NF PE RVU:** 2.43
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Decrease

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2017 Medicare Utilization:** 3,828

RUC Recommendation: 0.64 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.94 **2019 Work RVU:** 0.64
2007 NF PE RVU: 2.17 **2019 NF PE RVU:** 1.27
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)** **Global:** XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2017 Medicare Utilization:** 217,684

2007 Work RVU: 0.94 **2019 Work RVU:** 0.56
2007 NF PE RVU: 1.97 **2019 NF PE RVU:** 1.15
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy** **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** February 2008 **2017 Medicare Utilization:** 27,785

2007 Work RVU: 0.66 **2019 Work RVU:** 0.66
2007 NF PE RVU: 1.75 **2019 NF PE RVU:** 2.10
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Survey for April 2019. 0.66 and CPT Assistant article published **Referred to CPT** May 2008 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)** **Global:** XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2017 Medicare Utilization:** 484,877

2007 Work RVU: 0.17 **2019 Work RVU:** 0.14
2007 NF PE RVU: 0.15 **2019 NF PE RVU:** 0.20
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76516 **Ophthalmic biometry by ultrasound echography, A-scan;** **Global:** XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2017 Medicare Utilization:** 3,216

2007 Work RVU: 0.54 **2019 Work RVU:** 0.40
2007 NF PE RVU: 1.39 **2019 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation** **Global:** XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2017 Medicare Utilization:** 248,557

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.49 **2019 NF PE RVU:** 1.31
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation** **Global:** XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2017 Medicare Utilization:** 868,983

2007 Work RVU: 0.56 **2019 Work RVU:** 0.56
2007 NF PE RVU: 1.83 **2019 NF PE RVU:** 2.65
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation** **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 24 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2017 Medicare Utilization:** 91,910

2007 Work RVU: 0.55 **2019 Work RVU:** 0.55
2007 NF PE RVU: 1.54 **2019 NF PE RVU:** 1.92
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2017 Medicare Utilization:** 556,960

2007 Work RVU: **2019 Work RVU:** 0.73
2007 NF PE RVU: **2019 NF PE RVU:** 2.24
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2017 Medicare Utilization:** 737,483

2007 Work RVU: **2019 Work RVU:** 0.68
2007 NF PE RVU: **2019 NF PE RVU:** 1.74
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation**

Global: XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.54 **2019 Work RVU:**
2007 NF PE RVU: 1.41 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76700 **Ultrasound, abdominal, real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2017 Medicare Utilization:** 959,748

2007 Work RVU: 0.81 **2019 Work RVU:** 0.81
2007 NF PE RVU: 2.39 **2019 NF PE RVU:** 2.57
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2017 Medicare Utilization:** 1,090,592

2007 Work RVU: 0.59 **2019 Work RVU:** 0.59
2007 NF PE RVU: 1.77 **2019 NF PE RVU:** 1.93
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2017 Medicare Utilization:** 138,898

2007 Work RVU: **2019 Work RVU:** 0.55
2007 NF PE RVU: **2019 NF PE RVU:** 2.61
2007 Fac PE RVU **2019 Fac PE RVU:**NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2017 Medicare Utilization:** 1,298,549

2007 Work RVU: 0.74 **2019 Work RVU:** 0.74
2007 NF PE RVU: 2.36 **2019 NF PE RVU:** 2.39
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2017 Medicare Utilization:** 580,003

2007 Work RVU: 0.58 **2019 Work RVU:** 0.58
2007 NF PE RVU: 1.81 **2019 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.58 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2017 Medicare Utilization:** 13,074

2007 Work RVU: 0.77 **2019 Work RVU:** 0.77
2007 NF PE RVU: 1.81 **2019 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA

First Identified: September 2011 **2017 Medicare Utilization:** 452,210

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 1.97 **2019 NF PE RVU:** 2.70
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2017 Medicare Utilization:** 456,028

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 1.99 **2019 NF PE RVU:** 2.35
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2017 Medicare Utilization:** 210,497

2007 Work RVU: 0.38 **2019 Work RVU:** 0.50
2007 NF PE RVU: 1.99 **2019 NF PE RVU:** 0.84
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2017 Medicare Utilization:** 139,613

2007 Work RVU: 0.64 **2019 Work RVU:** 0.64
2007 NF PE RVU: 1.97 **2019 NF PE RVU:** 2.28
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.64

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2017 Medicare Utilization:** 200,766

2007 Work RVU: 0.69 **2019 Work RVU:** 0.69
2007 NF PE RVU: 2.52 **2019 NF PE RVU:** 2.90
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76880 **Deleted from CPT**

Global: XXX **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.59 **2019 Work RVU:**
2007 NF PE RVU: 1.97 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2017 Medicare Utilization:** 214,994

2007 Work RVU: **2019 Work RVU:** 0.63
2007 NF PE RVU: **2019 NF PE RVU:** 1.84
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Revised PE. RAW review in Oct 2019.

Referred to CPT June 2017
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

Result:

Status Report: CMS Requests and Relativity Assessment Issues

76882 **Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation**

Global: XXX **Issue:** Ultrasound of Extremity **Screen:** CMS Fastest Growing / New Technology/New Services **Complete?** No

Most Recent RUC Meeting: January 2017 **Tab** 22 **Specialty Developing Recommendation:** AAOS, ACR, ACRh, APMA **First Identified:** April 2010 **2017 Medicare Utilization:** 254,858

2007 Work RVU: **2019 Work RVU:** 0.49
2007 NF PE RVU: **2019 NF PE RVU:** 1.09
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Revised PE. RAW review in Oct 2019.

Referred to CPT June 2017
Result: Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: XXX **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 04 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2017 Medicare Utilization:** 2,464

2007 Work RVU: 0.67 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.85 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2017 Medicare Utilization:** 1,371

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.67

Referred to CPT
Result: Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2017 Medicare Utilization:** 1,064

2007 Work RVU: 1.99 **2019 Work RVU:** 1.99
2007 NF PE RVU: 6.67 **2019 NF PE RVU:** 5.37
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76937 **Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:**

First Identified: January 2018 **2017 Medicare Utilization:** 668,964

2007 Work RVU: 0.30 **2019 Work RVU:** 0.30
2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU 0.51 **2019 Fac PE RVU:**NA

RUC Recommendation: Review in 2 years (Oct 2021)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013 **2017 Medicare Utilization:** 1,402

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Ultrasound Guidance for Needle Placement **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: April 2014 **Tab** 35 **Specialty Developing Recommendation:** AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES **First Identified:** April 2011 **2017 Medicare Utilization:** 1,199,713

2007 Work RVU: 0.67 **2019 Work RVU:** 0.67
2007 NF PE RVU: 3.43 **2019 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.67 **Referred to CPT** May 2019 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2017 Medicare Utilization:** 9

2007 Work RVU: 0.38 **2019 Work RVU:** 0.67
2007 NF PE RVU: 1.34 **2019 NF PE RVU:** 1.38
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.58 **2019 Work RVU:**
2007 NF PE RVU: 1.43 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2017 Medicare Utilization:** 6,166

2007 Work RVU: 1.34 **2019 Work RVU:** 1.34
2007 NF PE RVU: 4.8 **2019 NF PE RVU:** 1.22
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: XXX **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2017 Medicare Utilization:** 27,565

2007 Work RVU: 0.40 **2019 Work RVU:** 0.40
2007 NF PE RVU: 1.41 **2019 NF PE RVU:** 2.10
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2017 Medicare Utilization:** 413,947

2007 Work RVU: 0.38 **2019 Work RVU:** 0.38
2007 NF PE RVU: 1.73 **2019 NF PE RVU:** 2.13
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2017 Medicare Utilization:** 476,693

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.4 **2019 NF PE RVU:** 2.28
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fluoroscopic Guidance **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 13 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** October 2010 **2017 Medicare Utilization:** 68,554

2007 Work RVU: 0.60 **2019 Work RVU:** 0.60
2007 NF PE RVU: 1.28 **2019 NF PE RVU:** 2.12
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2017 Medicare Utilization:** 5,081

2007 Work RVU: 1.21 **2019 Work RVU:** 1.21
2007 NF PE RVU: 11.38 **2019 NF PE RVU:** 5.17
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** CT Scan for Needle Biopsy **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2017 Medicare Utilization:** 206,756

2007 Work RVU: 1.16 **2019 Work RVU:** 1.50
2007 NF PE RVU: 7.02 **2019 NF PE RVU:** 2.67
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT to bundle. 1.50 **Referred to CPT** February 2019 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2017 Medicare Utilization:** 1,971,618

2007 Work RVU: 0.85 **2019 Work RVU:** 0.85
2007 NF PE RVU: 3.53 **2019 NF PE RVU:** 2.51
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Referred to CPT, but CMS has not addressed. RAW review action plan (Oct 2019). **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 1.59 **2019 Work RVU:**
2007 NF PE RVU: 6.19 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: XXX **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.56 **2019 Work RVU:**
2007 NF PE RVU: 1.26 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77046 **Magnetic resonance imaging, breast, without contrast material; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.45
2007 NF PE RVU: **2019 NF PE RVU:** 5.48
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77047 **Magnetic resonance imaging, breast, without contrast material; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.60
2007 NF PE RVU: **2019 NF PE RVU:** 5.51
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.60 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77048 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 2.10
2007 NF PE RVU: **2019 NF PE RVU:** 8.91
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.10 **Referred to CPT** June 2017 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77049 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 2.30
2007 NF PE RVU: **2019 NF PE RVU:** 8.94
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.30 **Referred to CPT** June 2017 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.06 **2019 Work RVU:**
2007 NF PE RVU: 0.38 **2019 NF PE RVU:**
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.06 **2019 Work RVU:**
2007 NF PE RVU: 0.38 **2019 NF PE RVU:**
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77055 **Mammography; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 1.34 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77056 **Mammography; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.87 **2019 Work RVU:**
2007 NF PE RVU: 1.68 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77057 **Screening mammography, bilateral (2-view study of each breast)**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 1.43 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2017 Medicare Utilization:** 1,687

2007 Work RVU: 1.63 **2019 Work RVU:**
2007 NF PE RVU: 18.76 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT

Referred to CPT June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2017 Medicare Utilization:** 76,937

2007 Work RVU: 1.63 **2019 Work RVU:**
2007 NF PE RVU: 23.46 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2017 Medicare Utilization:** 1

2007 Work RVU: **2019 Work RVU:** 0.81
2007 NF PE RVU: **2019 NF PE RVU:** 2.90
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2017 Medicare Utilization:** 2

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 3.70
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2017 Medicare Utilization:** 1

2007 Work RVU: **2019 Work RVU:** 0.76
2007 NF PE RVU: **2019 NF PE RVU:** 3.03
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77073 **Bone length studies (orthoroentgenogram, scanogram)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2017 Medicare Utilization:** 51,015

2007 Work RVU: 0.27 **2019 Work RVU:** 0.27
2007 NF PE RVU: 0.81 **2019 NF PE RVU:** 0.76
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77074 **Radiologic examination, osseous survey; limited (eg, for metastases)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2017 Medicare Utilization:** 7,115

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 1.2 **2019 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2017 Medicare Utilization:** 49,235

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2019 NF PE RVU:** 2.02
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77076 **Radiologic examination, osseous survey, infant** **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2017 Medicare Utilization:** 56

2007 Work RVU: 0.70 **2019 Work RVU:** 0.70
2007 NF PE RVU: 1.2 **2019 NF PE RVU:** 2.10
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77077 **Joint survey, single view, 2 or more joints (specify)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2017 Medicare Utilization:** 36,226

2007 Work RVU: 0.31 **2019 Work RVU:** 0.31
2007 NF PE RVU: 1.07 **2019 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.22 **2019 Work RVU:**
2007 NF PE RVU: 2.45 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2017 Medicare Utilization:** 2,416,022

2007 Work RVU: 0.20 **2019 Work RVU:** 0.20
2007 NF PE RVU: 2.59 **2019 NF PE RVU:** 0.91
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 25 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2017 Medicare Utilization:** 37,883

2007 Work RVU: 0.22 **2019 Work RVU:** 0.20
2007 NF PE RVU: 0.8 **2019 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.17 **2019 Work RVU:**
2007 NF PE RVU: 0.71 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: XXX **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.20 **2019 Work RVU:**
2007 NF PE RVU: 0.71 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2017 Medicare Utilization:** 110,535

2007 Work RVU: **2019 Work RVU:** 0.30
2007 NF PE RVU: **2019 NF PE RVU:** 1.21
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2017 Medicare Utilization:** 2,643

2007 Work RVU: **2019 Work RVU:** 0.17
2007 NF PE RVU: **2019 NF PE RVU:** 0.80
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2017 Medicare Utilization:** 7,824

2007 Work RVU: 1.39 **2019 Work RVU:** 1.30
2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU 0.51 **2019 Fac PE RVU:** 0.64

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2017 Medicare Utilization: 3,485

2007 Work RVU: 2.11 **2019 Work RVU:** 2.00

2007 NF PE RVU: 0.74 **2019 NF PE RVU:** 0.92

2007 Fac PE RVU 0.74 **2019 Fac PE RVU:**0.92

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2017 Medicare Utilization: 289,000

2007 Work RVU: 3.14 **2019 Work RVU:** 3.14

2007 NF PE RVU: 1.1 **2019 NF PE RVU:** 1.41

2007 Fac PE RVU 1.1 **2019 Fac PE RVU:**1.41

RUC Recommendation: 3.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011

2017 Medicare Utilization: 310,757

2007 Work RVU: 0.70 **2019 Work RVU:** 0.70

2007 NF PE RVU: 3.89 **2019 NF PE RVU:** 7.10

2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.70

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2017 Medicare Utilization:** 4,540

2007 Work RVU: 1.05 **2019 Work RVU:** 1.05
2007 NF PE RVU: 6.45 **2019 NF PE RVU:** 11.87
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2017 Medicare Utilization:** 228,410

2007 Work RVU: 1.56 **2019 Work RVU:** 1.56
2007 NF PE RVU: 8.63 **2019 NF PE RVU:** 12.79
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2017 Medicare Utilization:** 24,074

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** 10.95
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2017 Medicare Utilization:** 147,981

2007 Work RVU: 4.56 **2019 Work RVU:** 4.29
2007 NF PE RVU: 23.92 **2019 NF PE RVU:** 9.42
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2017 Medicare Utilization:** 1,366,301

2007 Work RVU: 0.62 **2019 Work RVU:** 0.62
2007 NF PE RVU: 1.45 **2019 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.62

Referred to CPT February 2014, October 2014

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2017 Medicare Utilization:** 122,795

2007 Work RVU: 7.99 **2019 Work RVU:** 7.99
2007 NF PE RVU: 37.25 **2019 NF PE RVU:** 46.48
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

Status Report: CMS Requests and Relativity Assessment Issues

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 1.79 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2017 Medicare Utilization:** 3,210

2007 Work RVU: **2019 Work RVU:** 1.40
2007 NF PE RVU: **2019 NF PE RVU:** 2.77
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2017 Medicare Utilization:** 48,491

2007 Work RVU: **2019 Work RVU:** 2.90
2007 NF PE RVU: **2019 NF PE RVU:** 5.17
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.05 **2019 Work RVU:**
2007 NF PE RVU: 2.32 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.56 **2019 Work RVU:**
2007 NF PE RVU: 2.9 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2017 Medicare Utilization:** 4,393

2007 Work RVU: **2019 Work RVU:** 1.40
2007 NF PE RVU: **2019 NF PE RVU:** 4.29
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:** 3,256

2007 Work RVU: **2019 Work RVU:** 1.83
2007 NF PE RVU: **2019 NF PE RVU:** 5.62
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.83

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:** 6,167

2007 Work RVU: **2019 Work RVU:** 2.90
2007 NF PE RVU: **2019 NF PE RVU:** 7.80
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.90

Referred to CPT February 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.93 **2019 Work RVU:**
2007 NF PE RVU: 2.75 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.39 **2019 Work RVU:**
2007 NF PE RVU: 3.97 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 2.09 **2019 Work RVU:**
2007 NF PE RVU: 5.54 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2017 Medicare Utilization:** 77,175

2007 Work RVU: 0.54 **2019 Work RVU:** 0.45
2007 NF PE RVU: 1.53 **2019 NF PE RVU:** 1.01
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2017 Medicare Utilization:** 11,731

2007 Work RVU: 0.84 **2019 Work RVU:** 0.75
2007 NF PE RVU: 1.75 **2019 NF PE RVU:** 2.31
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2017 Medicare Utilization:** 866,151

2007 Work RVU: 1.24 **2019 Work RVU:** 1.15
2007 NF PE RVU: 3.43 **2019 NF PE RVU:** 2.43
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:** 424,564

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 2.52 **2019 NF PE RVU:** 2.20
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:** 143,751

2007 Work RVU: **2019 Work RVU:** 4.29

2007 NF PE RVU: **2019 NF PE RVU:** 9.63

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 30 **Specialty Developing Recommendation:** ASTRO

First Identified: NA **2017 Medicare Utilization:** 83

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00

2007 NF PE RVU: 30.25 **2019 NF PE RVU:** 0.00

2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.00

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:**

First Identified: **2017 Medicare Utilization:** 881

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00

2007 NF PE RVU: 22.93 **2019 NF PE RVU:** 30.08

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2017 Medicare Utilization:** 25,641

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 42.87 **2019 NF PE RVU:** 36.41
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.58 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** **Screen:** High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:** 142,506

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.45 **2019 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT **Referred to CPT** May 2019 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 2.37 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 and Feburary 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 2.27 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 2.38 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 2.38 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 2.93 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 2.87 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 3.02 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 3.01 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 3.46 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: PE Only, revised introductory guidelines **Referred to CPT** October 2013 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 3.46 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 3.68 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 3.68 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 16.8 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.39 **2019 Work RVU:**
2007 NF PE RVU: 3.11 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 4.58 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 3.84 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2007 **2017 Medicare Utilization:** 1,073,643

2007 Work RVU: 3.70 **2019 Work RVU:** 3.37
2007 NF PE RVU: 1.15 **2019 NF PE RVU:** 1.76
2007 Fac PE RVU 1.15 **2019 Fac PE RVU:**1.76

RUC Recommendation: 3.45. Remove from high E/M screen.

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2016 **2017 Medicare Utilization:** 30,295

2007 Work RVU: 13.00 **2019 Work RVU:** 11.87
2007 NF PE RVU: 4.63 **2019 NF PE RVU:** 5.46
2007 Fac PE RVU NA **2019 Fac PE RVU:**5.46

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 41 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2017 Medicare Utilization:** 94,079

2007 Work RVU: 2.09 **2019 Work RVU:** 2.03
2007 NF PE RVU: 9.35 **2019 NF PE RVU:** 1.62
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77522 **Proton treatment delivery; simple, with compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery **Screen:** Contractor Priced High Volume **Complete?** No

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ASTRO

First Identified: January 2018

2017 Medicare Utilization: 22,712

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:**0.00

RUC Recommendation: Survey for PE

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** Proton Beam Treatment Delivery **Screen:** High Volume Growth4 / Contractor Priced High Volume **Complete?** No

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2016

2017 Medicare Utilization: 48,586

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:**0.00

RUC Recommendation: Survey for PE

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

77525 **Proton treatment delivery; complex**

Global: XXX **Issue:** Proton Beam Treatment Delivery **Screen:** Contractor Priced High Volume **Complete?** No

Most Recent RUC Meeting: October 2018 **Tab** 27 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2018

2017 Medicare Utilization: 9,564

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:**0.00

RUC Recommendation: Survey for PE

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: October 2012 **2017 Medicare Utilization:** 4,267

2007 Work RVU: 1.56 **2019 Work RVU:** 1.31
2007 NF PE RVU: 5.09 **2019 NF PE RVU:** 11.35
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2017 Medicare Utilization:** 4,472

2007 Work RVU: **2019 Work RVU:** 1.05
2007 NF PE RVU: **2019 NF PE RVU:** 5.48
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.05

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014 **2017 Medicare Utilization:** 7,235

2007 Work RVU: **2019 Work RVU:** 1.40
2007 NF PE RVU: **2019 NF PE RVU:** 8.63
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.40

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2017 Medicare Utilization:** 17,014

2007 Work RVU: **2019 Work RVU:** 1.95
2007 NF PE RVU: **2019 NF PE RVU:** 7.29
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2017 Medicare Utilization:** 22,715

2007 Work RVU: **2019 Work RVU:** 3.80
2007 NF PE RVU: **2019 NF PE RVU:** 13.05
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2017 Medicare Utilization:** 4,103

2007 Work RVU: **2019 Work RVU:** 5.40
2007 NF PE RVU: **2019 NF PE RVU:** 20.13
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77776 **Interstitial radiation source application; simple**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2017 Medicare Utilization:**

2007 Work RVU: 4.67 **2019 Work RVU:**
2007 NF PE RVU: 4.23 **2019 NF PE RVU:**
2007 Fac PE RVU 4.23 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77777 **Interstitial radiation source application; intermediate**

Global: 090 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2017 Medicare Utilization:**

2007 Work RVU: 7.49 **2019 Work RVU:**
2007 NF PE RVU: 6.92 **2019 NF PE RVU:**
2007 Fac PE RVU 6.92 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:** 4,937

2007 Work RVU: 11.23 **2019 Work RVU:** 8.78
2007 NF PE RVU: 9.38 **2019 NF PE RVU:** 14.80
2007 Fac PE RVU 9.38 **2019 Fac PE RVU:**NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77781 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.21 **2019 Work RVU:**
2007 NF PE RVU: 16.73 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77782 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 2.04 **2019 Work RVU:**
2007 NF PE RVU: 18.94 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: XXX **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 5.15 **2019 Work RVU:**
2007 NF PE RVU: 28.04 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels** **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2017 Medicare Utilization:** 226

2007 Work RVU: 1.05 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1 **2019 NF PE RVU:** 0.42
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.19 **2019 Work RVU:**
2007 NF PE RVU: 1.21 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78001 **Thyroid uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 1.59 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.33 **2019 Work RVU:**
2007 NF PE RVU: 1.26 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.49 **2019 Work RVU:**
2007 NF PE RVU: 3.38 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.50 **2019 Work RVU:**
2007 NF PE RVU: 2.76 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.39 **2019 Work RVU:**
2007 NF PE RVU: 2.45 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78011 **Thyroid imaging; with vascular flow**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.45 **2019 Work RVU:**
2007 NF PE RVU: 2.99 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:** 2,536

2007 Work RVU: **2019 Work RVU:** 0.19
2007 NF PE RVU: **2019 NF PE RVU:** 2.12
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:** 2,291

2007 Work RVU: **2019 Work RVU:** 0.37
2007 NF PE RVU: **2019 NF PE RVU:** 5.12
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2017 Medicare Utilization:** 23,755

2007 Work RVU: **2019 Work RVU:** 0.50
2007 NF PE RVU: **2019 NF PE RVU:** 6.39
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2017 Medicare Utilization:** 13,710

2007 Work RVU: 0.82 **2019 Work RVU:** 0.80
2007 NF PE RVU: 4.21 **2019 NF PE RVU:** 7.74
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2017 Medicare Utilization:** 8,195

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 8.97
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2017 Medicare Utilization:** 8,461

2007 Work RVU: **2019 Work RVU:** 1.60
2007 NF PE RVU: **2019 NF PE RVU:** 9.49
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: XXX **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.84 **2019 Work RVU:**
2007 NF PE RVU: 4.95 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2017 Medicare Utilization:** 65,056

2007 Work RVU: **2019 Work RVU:** 0.74
2007 NF PE RVU: **2019 NF PE RVU:** 8.70
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2017 Medicare Utilization:** 70,948

2007 Work RVU: **2019 Work RVU:** 0.90
2007 NF PE RVU: **2019 NF PE RVU:** 11.87
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2017 Medicare Utilization:** 1,557

2007 Work RVU: **2019 Work RVU:** 0.98
2007 NF PE RVU: **2019 NF PE RVU:** 10.37
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2017 Medicare Utilization:** 218

2007 Work RVU: **2019 Work RVU:** 1.08
2007 NF PE RVU: **2019 NF PE RVU:** 12.39
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Not Part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2015

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2017 Medicare Utilization:** 31,570

2007 Work RVU: 0.99 **2019 Work RVU:** 0.99
2007 NF PE RVU: 5.92 **2019 NF PE RVU:** 8.98
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.99 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2017 Medicare Utilization:** 9,373

2007 Work RVU: 0.62 **2019 Work RVU:** 0.62
2007 NF PE RVU: 3 **2019 NF PE RVU:** 5.95
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2017 Medicare Utilization:** 1,757

2007 Work RVU: 0.83 **2019 Work RVU:** 0.83
2007 NF PE RVU: 4.24 **2019 NF PE RVU:** 7.17
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2017 Medicare Utilization:** 276,883

2007 Work RVU: 0.86 **2019 Work RVU:** 0.86
2007 NF PE RVU: 4.84 **2019 NF PE RVU:** 7.78
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2017 Medicare Utilization:** 39,915

2007 Work RVU: **2019 Work RVU:** 1.38
2007 NF PE RVU: **2019 NF PE RVU:** 8.29
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2017 Medicare Utilization:** 1,922,630

2007 Work RVU: **2019 Work RVU:** 1.62
2007 NF PE RVU: **2019 NF PE RVU:** 11.86
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2017 Medicare Utilization:** 1,611

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 7.69
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2017 Medicare Utilization:** 11,286

2007 Work RVU: **2019 Work RVU:** 1.34
2007 NF PE RVU: **2019 NF PE RVU:** 11.10
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78459 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation** **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:** 2,566

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 1.50
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: 1.61 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT** **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.86 **2019 Work RVU:**
2007 NF PE RVU: 3.1 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78461 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 1.23 **2019 Work RVU:**
2007 NF PE RVU: 4.81 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

78464 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 1.09 **2019 Work RVU:**
2007 NF PE RVU: 7.03 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

78465 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.46 **2019 Work RVU:**
2007 NF PE RVU: 12.08 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2017 Medicare Utilization:** 23,622

2007 Work RVU: 0.98 **2019 Work RVU:** 0.98
2007 NF PE RVU: 5.87 **2019 NF PE RVU:** 5.53
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.50 **2019 Work RVU:**
2007 NF PE RVU: 1.54 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.30 **2019 Work RVU:**
2007 NF PE RVU: 1.51 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78491 **Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:** 1,245

RUC Recommendation: 1.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 1.50
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA
Result: Increase

78492 **Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2017 Medicare Utilization:** 134,279

RUC Recommendation: 1.80 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 1.87
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA
Result: Increase

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2017 Medicare Utilization:** 783

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 0.49
2007 NF PE RVU: **2019 NF PE RVU:** 4.83
2007 Fac PE RVU **2019 Fac PE RVU:** NA
Result: Decrease

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:** 12,637

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.74 **2019 Work RVU:** 0.74
2007 NF PE RVU: 3.97 **2019 NF PE RVU:** 6.06
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2017 Medicare Utilization:** 199,045

2007 Work RVU: **2019 Work RVU:** 1.07
2007 NF PE RVU: **2019 NF PE RVU:** 8.47
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.99 **2019 Work RVU:**
2007 NF PE RVU: 3.34 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 1.09 **2019 Work RVU:**
2007 NF PE RVU: 6.53 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection** **Global:** XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.40 **2019 Work RVU:**
2007 NF PE RVU: 3.02 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78587 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.49 **2019 Work RVU:**
2007 NF PE RVU: 3.51 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.09 **2019 Work RVU:**
2007 NF PE RVU: 4.7 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78591 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.40 **2019 Work RVU:**
2007 NF PE RVU: 3.21 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.49 **2019 Work RVU:**
2007 NF PE RVU: 3.84 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78594 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.53 **2019 Work RVU:**
2007 NF PE RVU: 5.12 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 1.27 **2019 Work RVU:**
2007 NF PE RVU: 7.7 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78597 **Quantitative differential pulmonary perfusion, including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2017 Medicare Utilization:** 1,462

2007 Work RVU: **2019 Work RVU:** 0.75
2007 NF PE RVU: **2019 NF PE RVU:** 4.99
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2017 Medicare Utilization:** 3,684

2007 Work RVU: **2019 Work RVU:** 0.85
2007 NF PE RVU: **2019 NF PE RVU:** 7.87
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78803 **Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)**

Global: XXX **Issue:** RAW **Screen:** 1.20 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2017 Medicare Utilization:** 9,573

2007 Work RVU: 1.09 **2019 Work RVU:** 1.09
2007 NF PE RVU: 8.73 **2019 NF PE RVU:** 8.63
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation:

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Result: Increase

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2017 Medicare Utilization:** 559,443

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: Reaffirmed RUC recommendation

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

78X29

Global: **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.76

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

78X31

Global: **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

78X32

Global: **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78X33

Global: **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.07 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78X34

Global: **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.26 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

78X35

Global: **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

79101 **Radiopharmaceutical therapy, by intravenous administration** **Global:** XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2017 Medicare Utilization:** 10,616

2007 Work RVU: 1.96 **2019 Work RVU:** 1.96
2007 NF PE RVU: 2.98 **2019 NF PE RVU:** 2.12
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Article published Feb 2012 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

85060 **Blood smear, peripheral, interpretation by physician with written report** **Global:** XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 30 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2017 Medicare Utilization:** 180,019

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.17 **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.17 **2019 Fac PE RVU:**0.23

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

85097 **Bone marrow, smear interpretation** **Global:** XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 31 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2017 Medicare Utilization:** 140,231

2007 Work RVU: 0.94 **2019 Work RVU:** 0.94
2007 NF PE RVU: 1.76 **2019 NF PE RVU:** 1.12
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**0.43

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

85390 **Fibrinolysins or coagulopathy screen, interpretation and report** **Global:** XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 26 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2017 Medicare Utilization:** 34,341

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** October 2009 **2017 Medicare Utilization:** 77,501

2007 Work RVU: 0.56 **2019 Work RVU:** 0.56
2007 NF PE RVU: 0.93 **2019 NF PE RVU:** 1.40
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2017 Medicare Utilization:** 6,010

2007 Work RVU: 0.56 **2019 Work RVU:** 0.37
2007 NF PE RVU: 1.39 **2019 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88107 **Deleted from CPT**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.76 **2019 Work RVU:**
2007 NF PE RVU: 1.66 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: February 2010 **2017 Medicare Utilization:** 255,212

2007 Work RVU: 0.56 **2019 Work RVU:** 0.44
2007 NF PE RVU: 1.27 **2019 NF PE RVU:** 1.25
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:** ACR, CAP

First Identified: September 2011 **2017 Medicare Utilization:** 933,596

2007 Work RVU: 1.18 **2019 Work RVU:** 0.56
2007 NF PE RVU: 1.85 **2019 NF PE RVU:** 1.32
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2017 Medicare Utilization:** 57,283

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 15.64
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: November 2012 **2017 Medicare Utilization:** 34,873

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 12.52
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2017 Medicare Utilization:** 66,693

2007 Work RVU: 0.42 **2019 Work RVU:** 0.42
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.46
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:** 0.46

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015 **2017 Medicare Utilization:** 8,157

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.85 **2019 NF PE RVU:** 1.49
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2017 Medicare Utilization: 4,294

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.99 **2019 NF PE RVU:** 1.35
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2017 Medicare Utilization: 2,675

2007 Work RVU: 0.76 **2019 Work RVU:** 0.76
2007 NF PE RVU: 1.05 **2019 NF PE RVU:** 1.90
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2017 Medicare Utilization: 96,491

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.6 **2019 NF PE RVU:** 1.86
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2017 Medicare Utilization:** 1,837,823

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.85 **2019 NF PE RVU:** 0.69
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2017 Medicare Utilization:** 39,628

2007 Work RVU: 1.36 **2019 Work RVU:** 0.74
2007 NF PE RVU: 0.44 **2019 NF PE RVU:** 0.31
2007 Fac PE RVU 0.44 **2019 Fac PE RVU:** 0.31

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015 **2017 Medicare Utilization:** 33,357

2007 Work RVU: 1.69 **2019 Work RVU:** 1.20
2007 NF PE RVU: 0.54 **2019 NF PE RVU:** 0.57
2007 Fac PE RVU 0.54 **2019 Fac PE RVU:** 0.57

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 42 **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2017 Medicare Utilization:** 209,310

2007 Work RVU: 2.23 **2019 Work RVU:** 1.70
2007 NF PE RVU: 0.68 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU 0.68 **2019 Fac PE RVU:**0.67

RUC Recommendation: 1.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2017 Medicare Utilization:** 213,412

2007 Work RVU: 0.08 **2019 Work RVU:** 0.08
2007 NF PE RVU: 0.49 **2019 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.08 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2017 Medicare Utilization:** 82,615

2007 Work RVU: 0.13 **2019 Work RVU:** 0.13
2007 NF PE RVU: 1.1 **2019 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.13 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2017 Medicare Utilization:** 983,716

2007 Work RVU: 0.22 **2019 Work RVU:** 0.22
2007 NF PE RVU: 1.37 **2019 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2017 Medicare Utilization:** 16,943,429

2007 Work RVU: 0.75 **2019 Work RVU:** 0.75
2007 NF PE RVU: 1.97 **2019 NF PE RVU:** 1.17
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2017 Medicare Utilization:** 968,490

2007 Work RVU: 1.59 **2019 Work RVU:** 1.59
2007 NF PE RVU: 3.48 **2019 NF PE RVU:** 5.94
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2017 Medicare Utilization:** 152,311

2007 Work RVU: 2.80 **2019 Work RVU:** 2.80
2007 NF PE RVU: 4.86 **2019 NF PE RVU:** 8.63
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2017 Medicare Utilization:** 1,384,763

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.76 **2019 NF PE RVU:** 2.27
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2017 Medicare Utilization:** 1,390,637

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.24 **2019 Work RVU:** 0.24
2007 NF PE RVU: 1.42 **2019 NF PE RVU:** 1.79
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2017 Medicare Utilization:** 20,264

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 2.04 **2019 NF PE RVU:** 2.13
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.42 **2019 Work RVU:**
2007 NF PE RVU: 1.98 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2017 Medicare Utilization:** 17,023

2007 Work RVU: 0.53 **2019 Work RVU:** 0.53
2007 NF PE RVU: 3.36 **2019 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2017 Medicare Utilization:** 184,903

2007 Work RVU: 1.63 **2019 Work RVU:** 1.63
2007 NF PE RVU: 0.78 **2019 NF PE RVU:** 1.14
2007 Fac PE RVU 0.54 **2019 Fac PE RVU:**0.71

RUC Recommendation: 1.63 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2017 Medicare Utilization:** 34,613

2007 Work RVU: 1.83 **2019 Work RVU:** 1.83
2007 NF PE RVU: 1.88 **2019 NF PE RVU:** 1.41
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.83 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 43 **Specialty Developing Recommendation:** CAP, ASC

First Identified: July 2015

2017 Medicare Utilization: 9,368

2007 Work RVU: 2.50 **2019 Work RVU:** 2.85
2007 NF PE RVU: 2.76 **2019 NF PE RVU:** 2.13
2007 Fac PE RVU 0.87 **2019 Fac PE RVU:**1.30

RUC Recommendation: 2.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: February 2010

2017 Medicare Utilization: 30,953

2007 Work RVU: 0.67 **2019 Work RVU:** 0.67
2007 NF PE RVU: 0.66 **2019 NF PE RVU:** 0.76
2007 Fac PE RVU 0.27 **2019 Fac PE RVU:**0.33

RUC Recommendation: 0.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2017 Medicare Utilization: 490,281

2007 Work RVU: 1.19 **2019 Work RVU:** 1.19
2007 NF PE RVU: 1.14 **2019 NF PE RVU:** 1.52
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.19

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2017 Medicare Utilization: 173,621

2007 Work RVU: 0.59 **2019 Work RVU:** 0.59
2007 NF PE RVU: 0.46 **2019 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2017 Medicare Utilization:** 68,899

2007 Work RVU: 1.20 **2019 Work RVU:** 1.20
2007 NF PE RVU: 1.15 **2019 NF PE RVU:** 1.29
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2017 Medicare Utilization:** 33,774

2007 Work RVU: 0.73 **2019 Work RVU:** 0.73
2007 NF PE RVU: 0.65 **2019 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2017 Medicare Utilization:** 2,716,416

2007 Work RVU: **2019 Work RVU:** 0.56
2007 NF PE RVU: **2019 NF PE RVU:** 2.05
2007 Fac PE RVU **2019 Fac PE RVU:**NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2017 Medicare Utilization:** 1,857,961

2007 Work RVU: 0.85 **2019 Work RVU:** 0.70
2007 NF PE RVU: 1.6 **2019 NF PE RVU:** 2.28
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2017 Medicare Utilization:** 98,637

2007 Work RVU: **2019 Work RVU:** 0.77
2007 NF PE RVU: **2019 NF PE RVU:** 4.04
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2017 Medicare Utilization:** 60,098

2007 Work RVU: 0.86 **2019 Work RVU:** 0.74
2007 NF PE RVU: 1.67 **2019 NF PE RVU:** 2.34
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2017 Medicare Utilization:**

2007 Work RVU: 0.86 **2019 Work RVU:**
2007 NF PE RVU: 1.28 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2017 Medicare Utilization:** 16,563

2007 Work RVU: 1.51 **2019 Work RVU:** 1.51
2007 NF PE RVU: 11.48 **2019 NF PE RVU:** 8.56
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2017 Medicare Utilization:**

2007 Work RVU: 0.76 **2019 Work RVU:**
2007 NF PE RVU: 4.88 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2017 Medicare Utilization:** 234,993

2007 Work RVU: **2019 Work RVU:** 0.59
2007 NF PE RVU: **2019 NF PE RVU:** 1.58
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2017 Medicare Utilization:** 15,399

2007 Work RVU: 3.02 **2019 Work RVU:** 2.80
2007 NF PE RVU: 4.79 **2019 NF PE RVU:** 3.45
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2017 Medicare Utilization:** 446,063

2007 Work RVU: 1.10 **2019 Work RVU:** 0.85
2007 NF PE RVU: 1.87 **2019 NF PE RVU:** 2.72
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2017 Medicare Utilization:** 177,220

2007 Work RVU: 1.18 **2019 Work RVU:** 0.95
2007 NF PE RVU: 2.94 **2019 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2017 Medicare Utilization:** 22,262

2007 Work RVU: **2019 Work RVU:** 0.70
2007 NF PE RVU: **2019 NF PE RVU:** 3.01
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2017 Medicare Utilization:** 40,862

2007 Work RVU: 1.20 **2019 Work RVU:** 0.88
2007 NF PE RVU: 2.32 **2019 NF PE RVU:** 4.08
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2017 Medicare Utilization:** 1,727

2007 Work RVU: **2019 Work RVU:** 1.24
2007 NF PE RVU: **2019 NF PE RVU:** 6.16
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2017 Medicare Utilization:** 6,388

2007 Work RVU: 1.30 **2019 Work RVU:** 0.73
2007 NF PE RVU: 4.31 **2019 NF PE RVU:** 2.33
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2017 Medicare Utilization:** 23,831

2007 Work RVU: 1.40 **2019 Work RVU:** 0.88
2007 NF PE RVU: 2.96 **2019 NF PE RVU:** 2.68
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2017 Medicare Utilization:** 7,625

2007 Work RVU: **2019 Work RVU:** 0.58
2007 NF PE RVU: **2019 NF PE RVU:** 1.52
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2017 Medicare Utilization:** 98,595

2007 Work RVU: **2019 Work RVU:** 0.93
2007 NF PE RVU: **2019 NF PE RVU:** 8.23
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2017 Medicare Utilization:** 149,161

2007 Work RVU: **2019 Work RVU:** 1.40
2007 NF PE RVU: **2019 NF PE RVU:** 9.49
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

90465 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2017 Medicare Utilization:**

2007 Work RVU: 0.17 **2019 Work RVU:**
2007 NF PE RVU: 0.35 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90467 **Deleted from CPT**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2017 Medicare Utilization:**

2007 Work RVU: 0.17 **2019 Work RVU:**
2007 NF PE RVU: 0.17 **2019 NF PE RVU:**
2007 Fac PE RVU 0.09 **2019 Fac PE RVU:**

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2017 Medicare Utilization:** 323,912

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.35 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** February 2008 **2017 Medicare Utilization:** 25,952

2007 Work RVU: 0.15 **2019 Work RVU:** 0.15
2007 NF PE RVU: 0.13 **2019 NF PE RVU:** 0.20
2007 Fac PE RVU 0.11 **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2017 Medicare Utilization:** 1

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.18 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2017 Medicare Utilization:** 2

2007 Work RVU: 0.15 **2019 Work RVU:** 0.15
2007 NF PE RVU: 0.09 **2019 NF PE RVU:** 0.20
2007 Fac PE RVU 0.05 **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 419,712

2007 Work RVU: **2019 Work RVU:** 0.33
2007 NF PE RVU: **2019 NF PE RVU:** 0.08
2007 Fac PE RVU **2019 Fac PE RVU:** 0.05

RUC Recommendation: 0.33 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 906,879

2007 Work RVU: **2019 Work RVU:** 3.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.78
2007 Fac PE RVU **2019 Fac PE RVU:** 0.43

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013 **2017 Medicare Utilization:** 564,243

2007 Work RVU: **2019 Work RVU:** 3.25

2007 NF PE RVU: **2019 NF PE RVU:** 0.96

2007 Fac PE RVU **2019 Fac PE RVU:** 0.60

RUC Recommendation: 3.25

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90801 **Psychiatric diagnostic interview examination**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.80 **2019 Work RVU:**

2007 NF PE RVU: 1.25 **2019 NF PE RVU:**

2007 Fac PE RVU 0.85 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 1.37 **2019 Work RVU:**

2007 NF PE RVU: 0.53 **2019 NF PE RVU:**

2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: 000 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 1.86 **2019 Work RVU:**
2007 NF PE RVU: 0.66 **2019 NF PE RVU:**
2007 Fac PE RVU 0.53 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 2.79 **2019 Work RVU:**
2007 NF PE RVU: 0.94 **2019 NF PE RVU:**
2007 Fac PE RVU 0.8 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 1.89 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0.63 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 2,381,012

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 0.35
2007 Fac PE RVU **2019 Fac PE RVU:** 0.21

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 1,343,589

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 0.40
2007 Fac PE RVU **2019 Fac PE RVU:** 0.27

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 5,148,441

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.46
2007 Fac PE RVU **2019 Fac PE RVU:** 0.28

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 549,253

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 1.90
2007 NF PE RVU: **2019 NF PE RVU:** 0.51
2007 Fac PE RVU **2019 Fac PE RVU:** 0.35
Result: Increase

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 5,598,647

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.69
2007 Fac PE RVU **2019 Fac PE RVU:** 0.42
Result: Increase

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 101,695

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 2.50
2007 NF PE RVU: **2019 NF PE RVU:** 0.68
2007 Fac PE RVU **2019 Fac PE RVU:** 0.47
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes**

Global: XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 22,281

2007 Work RVU: **2019 Work RVU:** 3.13
2007 NF PE RVU: **2019 NF PE RVU:** 0.72
2007 Fac PE RVU **2019 Fac PE RVU:** 0.45

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 6,397

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 0.35
2007 Fac PE RVU **2019 Fac PE RVU:** 0.21

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2017 Medicare Utilization:** 5,592

2007 Work RVU: 1.79 **2019 Work RVU:** 2.10
2007 NF PE RVU: 0.53 **2019 NF PE RVU:** 0.52
2007 Fac PE RVU 0.49 **2019 Fac PE RVU:** 0.34

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 22,304

2007 Work RVU: 1.83 **2019 Work RVU:** 2.40
2007 NF PE RVU: 0.62 **2019 NF PE RVU:** 0.57
2007 Fac PE RVU 0.6 **2019 Fac PE RVU:** 0.36

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 180,352

2007 Work RVU: 2.21 **2019 Work RVU:** 2.50
2007 NF PE RVU: 0.8 **2019 NF PE RVU:** 0.59
2007 Fac PE RVU 0.69 **2019 Fac PE RVU:**0.37

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2017 Medicare Utilization:** 1,006,592

2007 Work RVU: 0.59 **2019 Work RVU:** 0.59
2007 NF PE RVU: 0.26 **2019 NF PE RVU:** 0.15
2007 Fac PE RVU 0.22 **2019 Fac PE RVU:**0.09

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: XXX **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.95 **2019 Work RVU:**
2007 NF PE RVU: 0.46 **2019 NF PE RVU:**
2007 Fac PE RVU 0.31 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 40 **Specialty Developing Recommendation:** APA (HCPAC)

First Identified: April 2013 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.48
2007 NF PE RVU: **2019 NF PE RVU:** 0.23
2007 Fac PE RVU **2019 Fac PE RVU:** 0.19

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** **Screen:** Contractor Priced High Volume **Complete?** No

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: January 2018 **2017 Medicare Utilization:** 107,120

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: Review in 2 years (Oct 2020) **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 41 **Specialty Developing Recommendation:** APA

First Identified: October 2009 **2017 Medicare Utilization:** 133,040

2007 Work RVU: 1.88 **2019 Work RVU:** 2.50
2007 NF PE RVU: 1.93 **2019 NF PE RVU:** 2.36
2007 Fac PE RVU 0.54 **2019 Fac PE RVU:** 0.52

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

908XX **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact**

Global: **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 15 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.90. Refer to CPT for editorial revision.

Referred to CPT February 2019-EC
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry**

Global: 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 15 **Specialty Developing Recommendation:** ACOG, AUA

First Identified: April 2017 **2017 Medicare Utilization:** 25,708

2007 Work RVU: 0.89 **2019 Work RVU:** 0.89
2007 NF PE RVU: 1.51 **2019 NF PE RVU:** 1.52
2007 Fac PE RVU 0.31 **2019 Fac PE RVU:** 0.31

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA

First Identified: October 2008 **2017 Medicare Utilization:** 1,106,310

2007 Work RVU: 1.22 **2019 Work RVU:** 1.48
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.64 **2019 Fac PE RVU:** 0.50

RUC Recommendation: 1.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 53,853

2007 Work RVU: 2.11 **2019 Work RVU:** 2.11
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.93 **2019 Fac PE RVU:**0.72

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 151,515

2007 Work RVU: 1.28 **2019 Work RVU:** 1.56
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.66 **2019 Fac PE RVU:**0.77

RUC Recommendation: 1.56 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 12,624

2007 Work RVU: 2.16 **2019 Work RVU:** 2.52
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.94 **2019 Fac PE RVU:**0.84

RUC Recommendation: 2.52 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 44

2007 Work RVU: **2019 Work RVU:** 18.46
2007 NF PE RVU: **2019 NF PE RVU:** 6.99
2007 Fac PE RVU **2019 Fac PE RVU:** 6.99

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 3

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 18

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 561

2007 Work RVU: **2019 Work RVU:** 15.98
2007 NF PE RVU: **2019 NF PE RVU:** 6.03
2007 Fac PE RVU **2019 Fac PE RVU:** 6.03

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 94

2007 Work RVU: **2019 Work RVU:** 8.79
2007 NF PE RVU: **2019 NF PE RVU:** 3.63
2007 Fac PE RVU **2019 Fac PE RVU:** 3.63

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 147

2007 Work RVU: **2019 Work RVU:** 5.95
2007 NF PE RVU: **2019 NF PE RVU:** 2.70
2007 Fac PE RVU **2019 Fac PE RVU:** 2.70

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 1,890

2007 Work RVU: **2019 Work RVU:** 12.52
2007 NF PE RVU: **2019 NF PE RVU:** 4.92
2007 Fac PE RVU **2019 Fac PE RVU:** 4.92

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 441

2007 Work RVU: **2019 Work RVU:** 8.34
2007 NF PE RVU: **2019 NF PE RVU:** 3.52
2007 Fac PE RVU **2019 Fac PE RVU:** 3.52

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 389

2007 Work RVU: **2019 Work RVU:** 5.50
2007 NF PE RVU: **2019 NF PE RVU:** 2.57
2007 Fac PE RVU **2019 Fac PE RVU:** 2.57

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 2,243,843

2007 Work RVU: **2019 Work RVU:** 5.18
2007 NF PE RVU: **2019 NF PE RVU:** 2.54
2007 Fac PE RVU **2019 Fac PE RVU:** 2.54

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 728,258

2007 Work RVU: **2019 Work RVU:** 4.26
2007 NF PE RVU: **2019 NF PE RVU:** 2.23
2007 Fac PE RVU **2019 Fac PE RVU:** 2.23

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 210,320

2007 Work RVU: **2019 Work RVU:** 3.15
2007 NF PE RVU: **2019 NF PE RVU:** 1.88
2007 Fac PE RVU **2019 Fac PE RVU:** 1.88

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 251

2007 Work RVU: **2019 Work RVU:** 10.56
2007 NF PE RVU: **2019 NF PE RVU:** 4.24
2007 Fac PE RVU **2019 Fac PE RVU:** 4.24

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 892

2007 Work RVU: **2019 Work RVU:** 9.14
2007 NF PE RVU: **2019 NF PE RVU:** 3.79
2007 Fac PE RVU **2019 Fac PE RVU:** 3.79

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 1,179

2007 Work RVU: **2019 Work RVU:** 8.69
2007 NF PE RVU: **2019 NF PE RVU:** 3.63
2007 Fac PE RVU **2019 Fac PE RVU:** 3.63

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2017 Medicare Utilization:** 341,800

2007 Work RVU: **2019 Work RVU:** 4.26
2007 NF PE RVU: **2019 NF PE RVU:** 2.22
2007 Fac PE RVU **2019 Fac PE RVU:** 2.22

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

909XX **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)**

Global: **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 15 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.50. Refer to CPT for Editorial Revision. **Referred to CPT** February 2019-EC **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2017 Medicare Utilization:** 4,384

2007 Work RVU: 1.10 **2019 Work RVU:** 1.10
2007 NF PE RVU: 2.36 **2019 NF PE RVU:** 11.40
2007 Fac PE RVU 2.36 **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2017 Medicare Utilization:** 52,649

2007 Work RVU: 3.64 **2019 Work RVU:** 2.49
2007 NF PE RVU: 21.77 **2019 NF PE RVU:** 22.37
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 2.49 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2017 Medicare Utilization:** 111

2007 Work RVU: 1.00 **2019 Work RVU:** 1.00
2007 NF PE RVU: 18.65 **2019 NF PE RVU:** 21.82
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2017 Medicare Utilization:** 130

2007 Work RVU: 0.00 **2019 Work RVU:** 0.52
2007 NF PE RVU: 0 **2019 NF PE RVU:** 6.25
2007 Fac PE RVU 0 **2019 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2017 Medicare Utilization:** 70

2007 Work RVU: 0.00 **2019 Work RVU:** 0.66
2007 NF PE RVU: 0 **2019 NF PE RVU:** 6.73
2007 Fac PE RVU 0 **2019 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: October 2009 **2017 Medicare Utilization:** 95,291

2007 Work RVU: 0.36 **2019 Work RVU:** 0.30
2007 NF PE RVU: 0.95 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: October 2009 **2017 Medicare Utilization:** 131,655

2007 Work RVU: 0.44 **2019 Work RVU:** 0.40
2007 NF PE RVU: 1.26 **2019 NF PE RVU:** 0.93
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: October 2010 **2017 Medicare Utilization:** 2,919,406

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 1.46 **2019 NF PE RVU:** 1.29
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2017 Medicare Utilization:** 35,668

2007 Work RVU: 0.92 **2019 Work RVU:** 0.61
2007 NF PE RVU: 1.33 **2019 NF PE RVU:** 1.69
2007 Fac PE RVU 0.35 **2019 Fac PE RVU:**0.33

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2017 Medicare Utilization:** 2,623,720

2007 Work RVU: **2019 Work RVU:** 0.40
2007 NF PE RVU: **2019 NF PE RVU:** 0.63
2007 Fac PE RVU **2019 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2017 Medicare Utilization:** 6,716,530

2007 Work RVU: **2019 Work RVU:** 0.45
2007 NF PE RVU: **2019 NF PE RVU:** 0.69
2007 Fac PE RVU **2019 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 **Deleted from CPT**

Global: XXX **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.35 **2019 Work RVU:**
2007 NF PE RVU: 0.79 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2017 Medicare Utilization:** 1,612,577

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.6 **2019 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: XXX **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2017 Medicare Utilization:**

2007 Work RVU: 0.50 **2019 Work RVU:**
2007 NF PE RVU: 0.97 **2019 NF PE RVU:**
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **2017 Medicare Utilization:** 1,012,164

2007 Work RVU: 0.38 **2019 Work RVU:** 0.38
2007 NF PE RVU: 0.23 **2019 NF PE RVU:** 0.39
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:**0.22

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92226 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2017 Medicare Utilization:** 2,615,293

2007 Work RVU: 0.33 **2019 Work RVU:** 0.33
2007 NF PE RVU: 0.22 **2019 NF PE RVU:** 0.38
2007 Fac PE RVU 0.14 **2019 Fac PE RVU:**0.20

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2011 **2017 Medicare Utilization:** 491,336

2007 Work RVU: 0.81 **2019 Work RVU:** 0.75
2007 NF PE RVU: 2.54 **2019 NF PE RVU:** 1.82
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.75 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2017 Medicare Utilization:** 8,725

2007 Work RVU: 1.10 **2019 Work RVU:** 0.80
2007 NF PE RVU: 5.7 **2019 NF PE RVU:** 4.97
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2017 Medicare Utilization:** 45,874

2007 Work RVU: **2019 Work RVU:** 0.95
2007 NF PE RVU: **2019 NF PE RVU:** 5.54
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2017 Medicare Utilization:** 3,189,113

2007 Work RVU: 0.44 **2019 Work RVU:** 0.40
2007 NF PE RVU: 1.48 **2019 NF PE RVU:** 1.01
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2017 Medicare Utilization:** 2,008

2007 Work RVU: 0.81 **2019 Work RVU:** 0.81
2007 NF PE RVU: 1.5 **2019 NF PE RVU:** 1.85
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT February 2014 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

92273 **Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.69
2007 NF PE RVU: **2019 NF PE RVU:** 3.07
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.80

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92274 **Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.61
2007 NF PE RVU: **2019 NF PE RVU:** 1.93
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.72

Referred to CPT **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92275 **Electroretinography with interpretation and report**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2017 Medicare Utilization:** 135,705

2007 Work RVU: 1.01 **2019 Work RVU:**
2007 NF PE RVU: 2.08 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 32 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2017 Medicare Utilization:** 369,743

2007 Work RVU: 0.20 **2019 Work RVU:** 0.05
2007 NF PE RVU: 0.95 **2019 NF PE RVU:** 0.54
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.05 and new PE inputs

Referred to CPT February 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2017 Medicare Utilization:** 118,504

2007 Work RVU: 0.66 **2019 Work RVU:** 0.40
2007 NF PE RVU: 2.83 **2019 NF PE RVU:** 0.68
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.40

Referred to CPT October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: **2017 Medicare Utilization:** 5,131

2007 Work RVU: 0.81 **2019 Work RVU:** 0.81
2007 NF PE RVU: 2.28 **2019 NF PE RVU:** 3.29
2007 Fac PE RVU 0.31 **2019 Fac PE RVU:** NA

RUC Recommendation: Review action plan. CPT Assistant article published

Referred to CPT October 2011 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009

2017 Medicare Utilization: 227,806

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18

2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.64

2007 Fac PE RVU 0.08 **2019 Fac PE RVU:**0.08

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2017 Medicare Utilization:

2007 Work RVU: 0.86 **2019 Work RVU:**

2007 NF PE RVU: 2.76 **2019 NF PE RVU:**

2007 Fac PE RVU 0.36 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT.

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 54 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015

2017 Medicare Utilization: 245,131

2007 Work RVU: 0.52 **2019 Work RVU:** 1.30

2007 NF PE RVU: 1.13 **2019 NF PE RVU:** 0.88

2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**NA

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2017 Medicare Utilization: 4,868

2007 Work RVU: 0.26 **2019 Work RVU:** 0.33

2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.33

2007 Fac PE RVU 0.11 **2019 Fac PE RVU:** NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2017 Medicare Utilization: 141

2007 Work RVU: **2019 Work RVU:** 1.75

2007 NF PE RVU: **2019 NF PE RVU:** 1.40

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2017 Medicare Utilization: 2,936

2007 Work RVU: **2019 Work RVU:** 1.50

2007 NF PE RVU: **2019 NF PE RVU:** 1.02

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2017 Medicare Utilization: 11,994

RUC Recommendation: 3.36

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 3.00

2007 NF PE RVU: **2019 NF PE RVU:** 2.43

2007 Fac PE RVU **2019 Fac PE RVU:** NA

Result: Increase

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 32 **Specialty Developing Recommendation:** ASHA

First Identified:

2017 Medicare Utilization: 13,726

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 1.50

2007 NF PE RVU: **2019 NF PE RVU:** 0.94

2007 Fac PE RVU **2019 Fac PE RVU:** NA

Result: Increase

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2017 Medicare Utilization: 89,416

RUC Recommendation: Review utilization

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.55 **2019 Work RVU:** 1.34

2007 NF PE RVU: 1.65 **2019 NF PE RVU:** 1.05

2007 Fac PE RVU 0.19 **2019 Fac PE RVU:** NA

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2017 Medicare Utilization:** 74,884

2007 Work RVU: **2019 Work RVU:** 0.60
2007 NF PE RVU: **2019 NF PE RVU:** 0.53
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2017 Medicare Utilization:** 6,559

2007 Work RVU: **2019 Work RVU:** 0.30
2007 NF PE RVU: **2019 NF PE RVU:** 0.28
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2017 Medicare Utilization:** 92,644

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 1.39
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2017 Medicare Utilization:** 12,542

2007 Work RVU: 0.40 **2019 Work RVU:** 0.40
2007 NF PE RVU: 1.05 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2017 Medicare Utilization:** 22,060

2007 Work RVU: 0.33 **2019 Work RVU:** 0.48
2007 NF PE RVU: 1.16 **2019 NF PE RVU:** 0.31
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.10 **2019 Work RVU:**
2007 NF PE RVU: 0.59 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2017 Medicare Utilization:** 2,805

RUC Recommendation: 0.27

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.26 **2019 Work RVU:** 0.27

2007 NF PE RVU: 0.93 **2019 NF PE RVU:** 0.20

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

Result: Increase

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA

First Identified: February 2008 **2017 Medicare Utilization:** 4,082

RUC Recommendation: 0.25

Referred to CPT February 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.23 **2019 Work RVU:** 0.25

2007 NF PE RVU: 0.85 **2019 NF PE RVU:** 0.19

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

Result: Increase

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2017 Medicare Utilization:** 46,122

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 0.29 **2019 Work RVU:** 0.29

2007 NF PE RVU: 1.94 **2019 NF PE RVU:** 2.63

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2017 Medicare Utilization:** 30,949

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.09 **2019 NF PE RVU:** 0.21
2007 Fac PE RVU 0.09 **2019 Fac PE RVU:**NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2017 Medicare Utilization:** 43,116

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 2.1 **2019 NF PE RVU:** 2.19
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified: **2017 Medicare Utilization:** 246,666

2007 Work RVU: **2019 Work RVU:** 0.35
2007 NF PE RVU: **2019 NF PE RVU:** 0.25
2007 Fac PE RVU **2019 Fac PE RVU:**NA

RUC Recommendation: 0.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2017 Medicare Utilization:** 1,194,223

2007 Work RVU: 0.00 **2019 Work RVU:** 0.60
2007 NF PE RVU: 1.21 **2019 NF PE RVU:** 0.45
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.30

RUC Recommendation: 0.60 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.17

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2017 Medicare Utilization:** 829,539

2007 Work RVU: 0.00 **2019 Work RVU:** 0.20
2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.22
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.10

RUC Recommendation: 0.20 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92568 **Acoustic reflex testing, threshold**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2017 Medicare Utilization:** 6,506

2007 Work RVU: 0.00 **2019 Work RVU:** 0.29
2007 NF PE RVU: 0.32 **2019 NF PE RVU:** 0.14
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.13

RUC Recommendation: 0.29 work RVU and clinical staff time removed

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92569 **Deleted from CPT**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0.35 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2017 Medicare Utilization:** 43,084

2007 Work RVU: **2019 Work RVU:** 0.55
2007 NF PE RVU: **2019 NF PE RVU:** 0.34
2007 Fac PE RVU **2019 Fac PE RVU:** 0.27

RUC Recommendation: 0.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAA, AANEM, ACNS, ASHA **First Identified:** October 2017 **2017 Medicare Utilization:** 37,524

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 2.02 **2019 NF PE RVU:** 3.27
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

Referred to CPT February 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: October 2008 **2017 Medicare Utilization:** 68,045

2007 Work RVU: 0.13 **2019 Work RVU:** 0.35
2007 NF PE RVU: 1.19 **2019 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.45

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: **2017 Medicare Utilization:** 85,323

2007 Work RVU: 0.36 **2019 Work RVU:** 0.55
2007 NF PE RVU: 1.48 **2019 NF PE RVU:** 0.37
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 30 **Specialty Developing Recommendation:** ASHA

First Identified: NA **2017 Medicare Utilization:** 2,925

2007 Work RVU: 0.86 **2019 Work RVU:** 1.26
2007 NF PE RVU: 1.69 **2019 NF PE RVU:** 0.74
2007 Fac PE RVU 0.4 **2019 Fac PE RVU:**NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:** 1.75
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.80
2007 Fac PE RVU 0 **2019 Fac PE RVU:** 0.68

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:** 1.40
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.87
2007 Fac PE RVU 0 **2019 Fac PE RVU:** 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2017 Medicare Utilization:** 315

2007 Work RVU: 0.00 **2019 Work RVU:** 1.85
2007 NF PE RVU: 3.38 **2019 NF PE RVU:** 1.77
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2017 Medicare Utilization:** 109

2007 Work RVU: 0.00 **2019 Work RVU:** 0.70
2007 NF PE RVU: 0.63 **2019 NF PE RVU:** 0.75
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2017 Medicare Utilization:** 13,123

2007 Work RVU: 0.00 **2019 Work RVU:** 1.50
2007 NF PE RVU: 1.77 **2019 NF PE RVU:** 1.53
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2017 Medicare Utilization:** 16,517

2007 Work RVU: 0.00 **2019 Work RVU:** 1.30
2007 NF PE RVU: 2.98 **2019 NF PE RVU:** 1.09
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.70

RUC Recommendation: Review utilization

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 39 **Specialty Developing Recommendation:** ASHA

First Identified: NA **2017 Medicare Utilization:** 8,986

2007 Work RVU: 0.00 **2019 Work RVU:** 1.34
2007 NF PE RVU: 3.04 **2019 NF PE RVU:** 1.13
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 35 **Specialty Developing Recommendation:** ASHA

First Identified: **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.65
2007 NF PE RVU: **2019 NF PE RVU:** 0.27
2007 Fac PE RVU **2019 Fac PE RVU:** 0.25

RUC Recommendation: 0.65

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA **2017 Medicare Utilization:** 3,123

2007 Work RVU: 0.00 **2019 Work RVU:** 1.50
2007 NF PE RVU: 1.32 **2019 NF PE RVU:** 1.11
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.76

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2017 Medicare Utilization:** 3,363

2007 Work RVU: 0.00 **2019 Work RVU:** 0.35
2007 NF PE RVU: 0.29 **2019 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.18

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2017 Medicare Utilization:** 9,117

2007 Work RVU: 0.00 **2019 Work RVU:** 1.15
2007 NF PE RVU: 1.3 **2019 NF PE RVU:** 0.79
2007 Fac PE RVU 1.3 **2019 Fac PE RVU:** 0.58

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory rehabilitation status; first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 30 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2017 Medicare Utilization:** 25,186

2007 Work RVU: 0.00 **2019 Work RVU:** 1.40
2007 NF PE RVU: 2.11 **2019 NF PE RVU:** 1.10
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.71

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2017 Medicare Utilization:** 9,708

2007 Work RVU: 0.00 **2019 Work RVU:** 0.33
2007 NF PE RVU: 0.52 **2019 NF PE RVU:** 0.30
2007 Fac PE RVU 0.52 **2019 Fac PE RVU:**0.17

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2017 Medicare Utilization:** 11

2007 Work RVU: 0.00 **2019 Work RVU:** 1.76
2007 NF PE RVU: 1.4 **2019 NF PE RVU:** 1.43
2007 Fac PE RVU 1.4 **2019 Fac PE RVU:**0.91

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2017 Medicare Utilization:** 25,321

2007 Work RVU: **2019 Work RVU:** 9.85
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:**3.39

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2017 Medicare Utilization:** 1

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:** 2,057

2007 Work RVU: **2019 Work RVU:** 11.74

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 4.02

RUC Recommendation: 11.00

Referred to CPT October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**

2007 NF PE RVU: **2019 NF PE RVU:**

2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 5.00

Referred to CPT October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:** 254,894

2007 Work RVU: **2019 Work RVU:** 10.96

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 3.76

RUC Recommendation: 10.49

Referred to CPT October 2011

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:** 1

RUC Recommendation: 4.44

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:**

2007 NF PE RVU: **2019 NF PE RVU:**

2007 Fac PE RVU **2019 Fac PE RVU:**

Result: Decrease

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:** 15,206

RUC Recommendation: 12.32

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 12.29

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 4.21

Result: Decrease

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:**

RUC Recommendation: 5.50

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:**

2007 NF PE RVU: **2019 NF PE RVU:**

2007 Fac PE RVU **2019 Fac PE RVU:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:** 20,471

RUC Recommendation: 10.49

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 10.95

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 3.75

Result: Decrease

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:**

RUC Recommendation: 6.00

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:**

2007 NF PE RVU: **2019 NF PE RVU:**

2007 Fac PE RVU **2019 Fac PE RVU:**

Result: Decrease

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:** 44,898

RUC Recommendation: 12.32

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 12.31

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 4.23

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:** 8,860

RUC Recommendation: 12.32

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 12.31

2007 NF PE RVU: **2019 NF PE RVU:** NA

2007 Fac PE RVU **2019 Fac PE RVU:** 4.23

Result: Decrease

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:**

RUC Recommendation: 6.00

Referred to CPT October 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:**

2007 NF PE RVU: **2019 NF PE RVU:**

2007 Fac PE RVU **2019 Fac PE RVU:**

Result: Decrease

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 184,476

RUC Recommendation: 2.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: 2.25 **2019 Work RVU:** 2.00

2007 NF PE RVU: 5.83 **2019 NF PE RVU:** 2.37

2007 Fac PE RVU 1.25 **2019 Fac PE RVU:** 0.99

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2017 Medicare Utilization:** 2,001

2007 Work RVU: 3.28 **2019 Work RVU:** 3.28
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 1.42 **2019 Fac PE RVU:** 1.12

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel** **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 14.82 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 6.65 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 4.16 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.8 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 10.96 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 4.97 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 2.97 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.28 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2017 Medicare Utilization:** 3,185

2007 Work RVU: 22.70 **2019 Work RVU:** 22.60
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 12.84 **2019 Fac PE RVU:** 10.57

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 **Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**

Global: 090 **Issue:** Septostomy **Screen:** CMS Request - NPRM for 2019 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 34

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:**0.00

RUC Recommendation: Refer to CPT

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

92993 **Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**

Global: 090 **Issue:** Septostomy **Screen:** CMS Request - NPRM for 2019 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 34 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 2

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:**0.00

RUC Recommendation: Refer to CPT

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 12.07 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 5.45 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 3.26 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 1.41 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92X18

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92X19

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92XX0

Global: **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 16 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.96

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** ACC

First Identified: September 2011 **2017 Medicare Utilization:** 11,721,781

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.47 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP

First Identified: February 2008 **2017 Medicare Utilization:** 454,650

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.41 **2019 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** October 2010 **2017 Medicare Utilization:** 19,450,910

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.06 **2019 NF PE RVU:** 0.06
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:** 0.06

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93012 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 5.55 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93014 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.52 **2019 Work RVU:**
2007 NF PE RVU: 0.2 **2019 NF PE RVU:**
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 1,043,146

2007 Work RVU: 0.75 **2019 Work RVU:** 0.75
2007 NF PE RVU: 1.95 **2019 NF PE RVU:** 1.22
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2017 Medicare Utilization:** 1,117,152

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.19 **2019 NF PE RVU:** 0.16
2007 Fac PE RVU 0.19 **2019 Fac PE RVU:** 0.16

RUC Recommendation: 0.45

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:** 96,727

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.64 **2019 NF PE RVU:** 0.95
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:** 1,305,989

2007 Work RVU: 0.30 **2019 Work RVU:** 0.30
2007 NF PE RVU: 0.12 **2019 NF PE RVU:** 0.11
2007 Fac PE RVU 0.12 **2019 Fac PE RVU:**0.11

RUC Recommendation: 0.30

Referred to CPT October 2010 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA **2017 Medicare Utilization:** 281

2007 Work RVU: 0.75 **2019 Work RVU:** 0.75
2007 NF PE RVU: 6.67 **2019 NF PE RVU:** 3.44
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2017 Medicare Utilization:** 119,236

2007 Work RVU: 0.16 **2019 Work RVU:** 0.15
2007 NF PE RVU: 0.2 **2019 NF PE RVU:** 0.19
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2017 Medicare Utilization:** 13,278

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.15 **2019 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab** 34 **Specialty Developing Recommendation:** ACC, ACEP **First Identified:** October 2008 **2017 Medicare Utilization:** 373,771

2007 Work RVU: 0.16 **2019 Work RVU:** 0.15
2007 NF PE RVU: 0.05 **2019 NF PE RVU:** 0.04
2007 Fac PE RVU 0.05 **2019 Fac PE RVU:**0.04

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2017 Medicare Utilization:** 339,395

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 3.29 **2019 NF PE RVU:** 1.95
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 124,631

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.2 **2019 NF PE RVU:** 0.72
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 175,226

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.88 **2019 NF PE RVU:** 1.02
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: N/A no physician work

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 387,210

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.21
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:** 0.21

RUC Recommendation: 0.52

Referred to CPT Feburary 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 133,733

2007 Work RVU: **2019 Work RVU:** 0.52
2007 NF PE RVU: **2019 NF PE RVU:** 0.19
2007 Fac PE RVU **2019 Fac PE RVU:** 0.19

RUC Recommendation: 0.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 213,533

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 19.89
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Contractor Priced

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93230 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2017 Medicare Utilization:**

2007 Work RVU: 0.52 **2019 Work RVU:**
2007 NF PE RVU: 3.49 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93231 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 1.37 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93232 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 1.92 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93233 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2017 Medicare Utilization:**

2007 Work RVU: 0.52 **2019 Work RVU:**
2007 NF PE RVU: 0.2 **2019 NF PE RVU:**
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93235 **Deleted from CPT**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93236 **Deleted from CPT**

Global: XXX **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93237 **Deleted from CPT**

Global: XXX **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:**

2007 Work RVU: 0.45 **2019 Work RVU:**
2007 NF PE RVU: 0.18 **2019 NF PE RVU:**
2007 Fac PE RVU 0.18 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 14,845

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 7.02 **2019 NF PE RVU:** 5.14
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.52

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 46,883

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1 **2019 NF PE RVU:** 0.25
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 72,573

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 5.82 **2019 NF PE RVU:** 4.71
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2017 Medicare Utilization:** 113,478

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 0.2 **2019 NF PE RVU:** 0.18
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:** 0.18

RUC Recommendation: 0.52

Referred to CPT February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 172,257

2007 Work RVU: **2019 Work RVU:** 0.65
2007 NF PE RVU: **2019 NF PE RVU:** 0.88
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.65

Referred to CPT February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 1,024,801

2007 Work RVU: **2019 Work RVU:** 0.77
2007 NF PE RVU: **2019 NF PE RVU:** 1.02
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.77

Referred to CPT February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 63,661

2007 Work RVU: **2019 Work RVU:** 0.85
2007 NF PE RVU: **2019 NF PE RVU:** 1.08
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.85

Referred to CPT February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 129,994

2007 Work RVU: **2019 Work RVU:** 0.85
2007 NF PE RVU: **2019 NF PE RVU:** 1.01
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.85

Referred to CPT February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 243,681

2007 Work RVU: **2019 Work RVU:** 1.15
2007 NF PE RVU: **2019 NF PE RVU:** 1.19
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.15

Referred to CPT February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 263,646

2007 Work RVU: **2019 Work RVU:** 1.25
2007 NF PE RVU: **2019 NF PE RVU:** 1.28
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 31,778

2007 Work RVU: **2019 Work RVU:** 0.52
2007 NF PE RVU: **2019 NF PE RVU:** 0.82
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 14,494

2007 Work RVU: **2019 Work RVU:** 0.30
2007 NF PE RVU: **2019 NF PE RVU:** 0.67
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 10,345

2007 Work RVU: **2019 Work RVU:** 0.45
2007 NF PE RVU: **2019 NF PE RVU:** 0.74
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 291,447

2007 Work RVU: **2019 Work RVU:** 0.43
2007 NF PE RVU: **2019 NF PE RVU:** 0.79
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 119,929

2007 Work RVU: **2019 Work RVU:** 0.75
2007 NF PE RVU: **2019 NF PE RVU:** 0.91
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 126,313

2007 Work RVU: **2019 Work RVU:** 0.43
2007 NF PE RVU: **2019 NF PE RVU:** 0.73
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 57,486

2007 Work RVU: **2019 Work RVU:** 0.37
2007 NF PE RVU: **2019 NF PE RVU:** 0.68
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 1,311

2007 Work RVU: **2019 Work RVU:** 0.43
2007 NF PE RVU: **2019 NF PE RVU:** 0.68
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 119,304

2007 Work RVU: **2019 Work RVU:** 0.31
2007 NF PE RVU: **2019 NF PE RVU:** 1.15
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.31

Referred to CPT February 2017

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 880,700

2007 Work RVU: **2019 Work RVU:** 0.60
2007 NF PE RVU: **2019 NF PE RVU:** 0.23
2007 Fac PE RVU **2019 Fac PE RVU:** 0.23

RUC Recommendation: 0.60

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 540,043

2007 Work RVU: **2019 Work RVU:** 0.74
2007 NF PE RVU: **2019 NF PE RVU:** 0.47
2007 Fac PE RVU **2019 Fac PE RVU:** 0.47

RUC Recommendation: 0.74

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 1,044,149

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.71
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 343,178

2007 Work RVU: **2019 Work RVU:** 0.52
2007 NF PE RVU: **2019 NF PE RVU:** 0.20
2007 Fac PE RVU **2019 Fac PE RVU:** 0.20

RUC Recommendation: 0.52

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93298 **Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015 **2017 Medicare Utilization:** 452,165

2007 Work RVU: **2019 Work RVU:** 0.52
2007 NF PE RVU: **2019 NF PE RVU:** 0.20
2007 Fac PE RVU **2019 Fac PE RVU:** 0.20

RUC Recommendation: 0.52

Referred to CPT **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 / Contractor Priced High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2017 Medicare Utilization:** 485,976

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: Refer to CPT for deletion. New PE inputs **Referred to CPT** May 2019 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2017 Medicare Utilization:** 7,270,632

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 4.27
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2017 Medicare Utilization:** 31,242

2007 Work RVU: 0.92 **2019 Work RVU:** 0.92
2007 NF PE RVU: 4.1 **2019 NF PE RVU:** 3.01
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2017 Medicare Utilization:** 345,064

2007 Work RVU: 0.53 **2019 Work RVU:** 0.53
2007 NF PE RVU: 2.26 **2019 NF PE RVU:** 2.22
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2017 Medicare Utilization:** 349,295

2007 Work RVU: 0.38 **2019 Work RVU:** 0.38
2007 NF PE RVU: 1.82 **2019 NF PE RVU:** 1.12
2007 Fac PE RVU 1.82 **2019 Fac PE RVU:** NA

RUC Recommendation: 0.38 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2017 Medicare Utilization:** 191,507

2007 Work RVU: 0.15 **2019 Work RVU:** 0.15
2007 NF PE RVU: 1.04 **2019 NF PE RVU:** 0.60
2007 Fac PE RVU 1.04 **2019 Fac PE RVU:** NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2017 Medicare Utilization:** 540,407

2007 Work RVU: 0.07 **2019 Work RVU:** 0.07
2007 NF PE RVU: 2.36 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU 2.36 **2019 Fac PE RVU:** NA

RUC Recommendation: 0.07

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008 **2017 Medicare Utilization:** 105,141

2007 Work RVU: 1.48 **2019 Work RVU:** 1.46
2007 NF PE RVU: 3.03 **2019 NF PE RVU:** 3.79
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010

Result: Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: July 2015 **2017 Medicare Utilization:** 248,760

2007 Work RVU: **2019 Work RVU:** 1.75
2007 NF PE RVU: **2019 NF PE RVU:** 4.74
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.75

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 41,224

2007 Work RVU: **2019 Work RVU:** 2.47
2007 NF PE RVU: **2019 NF PE RVU:** 19.18
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 4,326

2007 Work RVU: **2019 Work RVU:** 4.50
2007 NF PE RVU: **2019 NF PE RVU:** 19.22
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 3,042

2007 Work RVU: **2019 Work RVU:** 5.99
2007 NF PE RVU: **2019 NF PE RVU:** 24.69
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 116,150

2007 Work RVU: **2019 Work RVU:** 4.54
2007 NF PE RVU: **2019 NF PE RVU:** 19.38
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 28,185

2007 Work RVU: **2019 Work RVU:** 5.29
2007 NF PE RVU: **2019 NF PE RVU:** 22.26
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 17,131

2007 Work RVU: **2019 Work RVU:** 5.90
2007 NF PE RVU: **2019 NF PE RVU:** 24.37
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 3,535

2007 Work RVU: **2019 Work RVU:** 6.64
2007 NF PE RVU: **2019 NF PE RVU:** 27.18
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 517,190

2007 Work RVU: **2019 Work RVU:** 5.60
2007 NF PE RVU: **2019 NF PE RVU:** 22.74
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 100,936

2007 Work RVU: **2019 Work RVU:** 6.35
2007 NF PE RVU: **2019 NF PE RVU:** 24.74
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 88,842

2007 Work RVU: **2019 Work RVU:** 7.10
2007 NF PE RVU: **2019 NF PE RVU:** 26.84
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 15,190

2007 Work RVU: **2019 Work RVU:** 7.85
2007 NF PE RVU: **2019 NF PE RVU:** 30.61
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 5,284

2007 Work RVU: **2019 Work RVU:** 3.73
2007 NF PE RVU: **2019 NF PE RVU:** 1.53
2007 Fac PE RVU **2019 Fac PE RVU:** 1.53

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 6,244

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.69
2007 Fac PE RVU **2019 Fac PE RVU:** 0.69

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 851

2007 Work RVU: **2019 Work RVU:** 1.80
2007 NF PE RVU: **2019 NF PE RVU:** 5.16
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93501 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015 **2017 Medicare Utilization:** 81,764

2007 Work RVU: 0.00 **2019 Work RVU:** 2.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0 **2019 Fac PE RVU:** 0.38

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93508 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93510 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93511 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93524 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93526 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93527 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93528 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93529 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93539 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93540 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93541 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93542 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93544 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93545 **Deleted from CPT**

Global: 000 **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93556 **Deleted from CPT**

Global: XXX **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2017 **2017 Medicare Utilization:** 34

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 27 **Specialty Developing Recommendation:**

First Identified: October 2017 **2017 Medicare Utilization:** 40

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.95

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified: **2017 Medicare Utilization:** 176

2007 Work RVU: **2019 Work RVU:** 1.11
2007 NF PE RVU: **2019 NF PE RVU:** 0.38
2007 Fac PE RVU **2019 Fac PE RVU:** 0.38

RUC Recommendation: 2.00

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 10

2007 Work RVU: **2019 Work RVU:** 1.13
2007 NF PE RVU: **2019 NF PE RVU:** 0.39
2007 Fac PE RVU **2019 Fac PE RVU:** 0.39

RUC Recommendation: 2.10 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 115

2007 Work RVU: **2019 Work RVU:** 0.86
2007 NF PE RVU: **2019 NF PE RVU:** 0.30
2007 Fac PE RVU **2019 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2017 Medicare Utilization:** 492

2007 Work RVU: **2019 Work RVU:** 0.86
2007 NF PE RVU: **2019 NF PE RVU:** 3.33
2007 Fac PE RVU **2019 Fac PE RVU:** 0.30

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2017 Medicare Utilization: 34,254

2007 Work RVU: **2019 Work RVU:** 0.97

2007 NF PE RVU: **2019 NF PE RVU:** 2.52

2007 Fac PE RVU **2019 Fac PE RVU:** 0.34

RUC Recommendation: 0.97

Referred to CPT October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 28 **Specialty Developing Recommendation:** ACC

First Identified:

2017 Medicare Utilization: 2,298

2007 Work RVU: **2019 Work RVU:** 0.88

2007 NF PE RVU: **2019 NF PE RVU:** 2.90

2007 Fac PE RVU **2019 Fac PE RVU:** 0.31

RUC Recommendation: 0.98

Referred to CPT October 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI

First Identified: October 2016

2017 Medicare Utilization: 64,448

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00

2007 NF PE RVU: NA **2019 NF PE RVU:** NA

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 13 **Specialty Developing Recommendation:** ACC, SCAI

First Identified: October 2017 **2017 Medicare Utilization:** 10,981

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** NA
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intracardiac 3D Mapping add-on **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 24 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2008 **2017 Medicare Utilization:** 64,633

2007 Work RVU: 6.99 **2019 Work RVU:** 5.23
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 3.03 **2019 Fac PE RVU:** 2.19

RUC Recommendation: 5.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:** 10,215

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: 11.57

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93623 **Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 34,399

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: Survey for April 2019

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 21 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2017 Medicare Utilization:** 22,609

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: NA **2019 NF PE RVU:** 0.00
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS

First Identified: February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 16.23 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 6.96 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 17.65 **2019 Work RVU:**
2007 NF PE RVU: NA **2019 NF PE RVU:**
2007 Fac PE RVU 7.58 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2017 Medicare Utilization:** 30,994

2007 Work RVU: **2019 Work RVU:** 14.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 6.18

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2017 Medicare Utilization:** 6,605

2007 Work RVU: **2019 Work RVU:** 19.75
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 8.27

RUC Recommendation: 20.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2017 Medicare Utilization:** 21,991

2007 Work RVU: **2019 Work RVU:** 7.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.16

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when necessary, right ventricular pacing/recording when necessary, and His bundle recording when necessary with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation**

Global: 000 **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2017 Medicare Utilization:** 39,460

2007 Work RVU: **2019 Work RVU:** 19.77
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 8.33

RUC Recommendation: 20.02 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 11 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2017 Medicare Utilization:** 16,107

2007 Work RVU: **2019 Work RVU:** 7.50
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 3.14

RUC Recommendation: 10.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Electrocardiography **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:** 46,071

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: Survey

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 28 **Specialty Developing Recommendation:**

First Identified: July 2017 **2017 Medicare Utilization:** 612

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.4 **2019 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93701 **Bioimpedance-derived physiologic cardiovascular analysis** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2017 Medicare Utilization:** 28,966

2007 Work RVU: 0.17 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.91 **2019 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

93731 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.45 **2019 Work RVU:**
2007 NF PE RVU: 0.7 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93732 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.92 **2019 Work RVU:**
2007 NF PE RVU: 0.94 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93733 **Deleted from CPT** **Global:** XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 0.17 **2019 Work RVU:**
2007 NF PE RVU: 0.83 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93743 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.03 **2019 Work RVU:**

2007 NF PE RVU: 1.15 **2019 NF PE RVU:**

2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93744 **Deleted from CPT**

Global: XXX **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2017 Medicare Utilization:**

2007 Work RVU: 1.18 **2019 Work RVU:**

2007 NF PE RVU: 1.19 **2019 NF PE RVU:**

2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93750 **Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report**

Global: XXX **Issue:** **Screen:** High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 86,311

2007 Work RVU: **2019 Work RVU:** 0.92

2007 NF PE RVU: **2019 NF PE RVU:** 0.58

2007 Fac PE RVU **2019 Fac PE RVU:** 0.32

RUC Recommendation: Survey for April 2019

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.46
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.15
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93875 **Deleted from CPT**

Global: XXX **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.22 **2019 Work RVU:**
2007 NF PE RVU: 2.38 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

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Status Report: CMS Requests and Relativity Assessment Issues

93880 **Duplex scan of extracranial arteries; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 2,328,100

2007 Work RVU: 0.60 **2019 Work RVU:** 0.80
2007 NF PE RVU: 5.67 **2019 NF PE RVU:** 4.81
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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93882 **Duplex scan of extracranial arteries; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2017 Medicare Utilization:** 38,661

2007 Work RVU: 0.40 **2019 Work RVU:** 0.50
2007 NF PE RVU: 3.63 **2019 NF PE RVU:** 3.06
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 90,765

2007 Work RVU: 0.94 **2019 Work RVU:** 0.91
2007 NF PE RVU: 6.77 **2019 NF PE RVU:** 6.68
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.00 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 11,961

2007 Work RVU: 0.62 **2019 Work RVU:** 0.50
2007 NF PE RVU: 4.36 **2019 NF PE RVU:** 3.91
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2017 Medicare Utilization:** 672,136

2007 Work RVU: 0.25 **2019 Work RVU:** 0.25
2007 NF PE RVU: 2.78 **2019 NF PE RVU:** 2.15
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2017 Medicare Utilization:** 461,389

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 4.18 **2019 NF PE RVU:** 3.26
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2017 Medicare Utilization:** 69,094

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 5.05 **2019 NF PE RVU:** 4.10
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2017 Medicare Utilization:** 616,414

2007 Work RVU: 0.58 **2019 Work RVU:** 0.80
2007 NF PE RVU: 7.05 **2019 NF PE RVU:** 6.35
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2017 Medicare Utilization:** 250,365

2007 Work RVU: 0.39 **2019 Work RVU:** 0.50
2007 NF PE RVU: 4.31 **2019 NF PE RVU:** 3.69
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2017 Medicare Utilization:** 23,580

2007 Work RVU: 0.46 **2019 Work RVU:** 0.80
2007 NF PE RVU: 5.54 **2019 NF PE RVU:** 4.92
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2017 Medicare Utilization:** 45,831

2007 Work RVU: 0.31 **2019 Work RVU:** 0.50
2007 NF PE RVU: 3.64 **2019 NF PE RVU:** 3.07
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: XXX **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2017 Medicare Utilization:**

2007 Work RVU: 0.35 **2019 Work RVU:**
2007 NF PE RVU: 2.83 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2017 Medicare Utilization:** 1,626,574

2007 Work RVU: 0.68 **2019 Work RVU:** 0.70
2007 NF PE RVU: 5.44 **2019 NF PE RVU:** 4.74
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2017 Medicare Utilization:** 1,733,329

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 3.67 **2019 NF PE RVU:** 2.92
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Maintain

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2017 Medicare Utilization:** 204,039

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.80 **2019 Work RVU:** 1.16
2007 NF PE RVU: 7.78 **2019 NF PE RVU:** 6.60
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Decrease

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2017 Medicare Utilization:** 156,684

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 1.21 **2019 Work RVU:** 0.80
2007 NF PE RVU: 4.33 **2019 NF PE RVU:** 3.78
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: April 2013 **2017 Medicare Utilization:** 293,132

2007 Work RVU: 0.65 **2019 Work RVU:** 0.80
2007 NF PE RVU: 4.85 **2019 NF PE RVU:** 4.43
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.97

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 33 **Specialty Developing Recommendation:**

First Identified: October 2013 **2017 Medicare Utilization:** 68,454

2007 Work RVU: 0.44 **2019 Work RVU:** 0.50
2007 NF PE RVU: 3.46 **2019 NF PE RVU:** 2.83
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: XXX **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017 **2017 Medicare Utilization:** 42

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)** **Global:** XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab** 40 **Specialty Developing Recommendation:** ACR, SVS **First Identified:** October 2008 **2017 Medicare Utilization:** 118,754

2007 Work RVU: 0.25 **2019 Work RVU:** 0.50
2007 NF PE RVU: 4.28 **2019 NF PE RVU:** 3.82
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93X00 **Global:** **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.80 **Referred to CPT** September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

93X01 **Global:** **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.50 **Referred to CPT** September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2017 Medicare Utilization:** 1,254,677

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.81
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2017 Medicare Utilization:** 187

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 0.77 **2019 NF PE RVU:** 1.03
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2017 Medicare Utilization:** 176

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.61 **2019 NF PE RVU:** 0.85
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2017 Medicare Utilization:** 6,736

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 0.16 **2019 NF PE RVU:** 0.18
2007 Fac PE RVU 0.16 **2019 Fac PE RVU:**0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2010 **2017 Medicare Utilization:** 1,183,614

2007 Work RVU: 0.31 **2019 Work RVU:** 0.27
2007 NF PE RVU: 1.13 **2019 NF PE RVU:** 1.39
2007 Fac PE RVU 1.13 **2019 Fac PE RVU:**NA

RUC Recommendation: Survey April 2019. 0.31 and CPT Assistant article published

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94200 **Maximum breathing capacity, maximal voluntary ventilation**

Global: XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2017 Medicare Utilization:** 82,882

2007 Work RVU: 0.11 **2019 Work RVU:** 0.11
2007 NF PE RVU: 0.45 **2019 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.05

Referred to CPT

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94240 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 0.7 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.13 **2019 Work RVU:**
2007 NF PE RVU: 0.63 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94350 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 0.73 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94360 **Deleted from CPT**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 0.77 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 0.69 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94400 **Breathing response to CO2 (CO2 response curve)**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2017 Medicare Utilization:** 1,290

2007 Work RVU: 0.40 **2019 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2019 NF PE RVU:** 1.18
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Survey **Referred to CPT** May 2019 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94450 **Breathing response to hypoxia (hypoxia response curve)** **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2017 Medicare Utilization:** 108

2007 Work RVU: 0.40 **2019 Work RVU:** 0.40
2007 NF PE RVU: 0.89 **2019 NF PE RVU:** 1.62
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94617 **Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry** **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.70
2007 NF PE RVU: **2019 NF PE RVU:** 1.91
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.70

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed** **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.48
2007 NF PE RVU: **2019 NF PE RVU:** 0.45
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.48

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)** **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** July 2015 **2017 Medicare Utilization:** 266,268

2007 Work RVU: 0.64 **2019 Work RVU:**
2007 NF PE RVU: 2.06 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** January 2016 **2017 Medicare Utilization:** 17,838

2007 Work RVU: 1.42 **2019 Work RVU:** 1.42
2007 NF PE RVU: 2.45 **2019 NF PE RVU:** 3.04
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2017 Medicare Utilization:** 658,576

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.32 **2019 NF PE RVU:** 0.50
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Survey April 2019. CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Pulmonary Diagnostic Testing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAFP, ACCP, ATS, ACP, APTA, AOTA **First Identified:** **2017 Medicare Utilization:** 11,191

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.46 **2019 NF PE RVU:** 0.90
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Survey April 2019. CPT Assistant article published **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2017 Medicare Utilization:** 11,792

2007 Work RVU: 0.20 **2019 Work RVU:** 0.20
2007 NF PE RVU: 2.16 **2019 NF PE RVU:** 1.33
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 1.04 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: XXX **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.26 **2019 Work RVU:**
2007 NF PE RVU: 2.43 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2017 Medicare Utilization:** 646,430

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 0.26

2007 NF PE RVU: **2019 NF PE RVU:** 1.24

2007 Fac PE RVU **2019 Fac PE RVU:** NA

Result: Decrease

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2017 Medicare Utilization:** 358,900

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 0.26

2007 NF PE RVU: **2019 NF PE RVU:** 0.95

2007 Fac PE RVU **2019 Fac PE RVU:** NA

Result: Decrease

94728 **Airway resistance by impulse oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2017 Medicare Utilization:** 7,124

RUC Recommendation: 0.31

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 0.26

2007 NF PE RVU: **2019 NF PE RVU:** 0.87

2007 Fac PE RVU **2019 Fac PE RVU:** NA

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2017 Medicare Utilization:** 1,073,975

2007 Work RVU: **2019 Work RVU:** 0.19

2007 NF PE RVU: **2019 NF PE RVU:** 1.35

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.19

Referred to CPT February 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA **2017 Medicare Utilization:** 54,491

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00

2007 NF PE RVU: 0.05 **2019 NF PE RVU:** 0.06

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA **2017 Medicare Utilization:** 14,118

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00

2007 NF PE RVU: 0.08 **2019 NF PE RVU:** 0.11

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2017 Medicare Utilization:** 242,804

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.56 **2019 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2017 Medicare Utilization:** 6,860

2007 Work RVU: 0.15 **2019 Work RVU:** 0.15
2007 NF PE RVU: 0.76 **2019 NF PE RVU:** NA
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.05

RUC Recommendation: Survey April 2019. Refer to CPT Assistant. Remove office-based PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2017 Medicare Utilization:** 10,884,201

2007 Work RVU: 0.00 **2019 Work RVU:** 0.01
2007 NF PE RVU: 0.12 **2019 NF PE RVU:** 0.10
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

First Identified: October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.15 **2019 Work RVU:**
2007 NF PE RVU: 0.31 **2019 NF PE RVU:**
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

95012 **Nitric oxide expired gas determination**

Global: XXX **Issue:** **Screen:** High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 108,532

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.48 **2019 NF PE RVU:** 0.56
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Review PE April 2019

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

First Identified: October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.15 **2019 Work RVU:**
2007 NF PE RVU: 0.16 **2019 NF PE RVU:**
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2017 Medicare Utilization:** 26,014

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 0.07
2007 NF PE RVU: **2019 NF PE RVU:** 0.15
2007 Fac PE RVU **2019 Fac PE RVU:** 0.03
Result: Decrease

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2017 Medicare Utilization:** 110,807

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: **2019 Work RVU:** 0.14
2007 NF PE RVU: **2019 NF PE RVU:** 0.46
2007 Fac PE RVU **2019 Fac PE RVU:** 0.06
Result: Decrease

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2017 Medicare Utilization:** 1,747,887

RUC Recommendation: New PE Inputs. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 0.00 **2019 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2019 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.01
Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2017 Medicare Utilization:** 197,453

2007 Work RVU: 0.00 **2019 Work RVU:** 0.01
2007 NF PE RVU: 0.17 **2019 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2017 Medicare Utilization:** 1,092,229

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.35 **2019 NF PE RVU:** 0.25
2007 Fac PE RVU 0.29 **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2017 Medicare Utilization:** 2,659,609

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.44 **2019 NF PE RVU:** 0.29
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2017 Medicare Utilization:** 176,031

2007 Work RVU: 0.06 **2019 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.34
2007 Fac PE RVU 0.02 **2019 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2017 Medicare Utilization:** 16,034

2007 Work RVU: 0.06 **2019 Work RVU:** 0.06
2007 NF PE RVU: 0.67 **2019 NF PE RVU:** 2.16
2007 Fac PE RVU 0.03 **2019 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2017 Medicare Utilization:** 7,117,202

2007 Work RVU: 0.06 **2019 Work RVU:** 0.06
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.33
2007 Fac PE RVU 0.02 **2019 Fac PE RVU:**0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.53
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: PE Only. Referral to CPT Assistant **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2017 Medicare Utilization:** 74,157

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 3.95 **2019 NF PE RVU:** 4.22
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 08 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2017 Medicare Utilization:** 84,795

2007 Work RVU: 0.85 **2019 Work RVU:** 0.70
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.27
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:** 0.27

RUC Recommendation: 0.70 **Referred to CPT** February 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2017 Medicare Utilization:** 18,443

2007 Work RVU: **2019 Work RVU:** 0.85
2007 NF PE RVU: **2019 NF PE RVU:** 3.89
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.05 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2017 Medicare Utilization:** 821

2007 Work RVU: **2019 Work RVU:** 0.85
2007 NF PE RVU: **2019 NF PE RVU:** 1.67
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2017 Medicare Utilization:** 354

2007 Work RVU: **2019 Work RVU:** 0.90
2007 NF PE RVU: **2019 NF PE RVU:** 3.11
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2017 Medicare Utilization:** 3,650

2007 Work RVU: 1.88 **2019 Work RVU:** 1.20
2007 NF PE RVU: 14.7 **2019 NF PE RVU:** 10.55
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2017 Medicare Utilization:** 60,770

2007 Work RVU: 1.66 **2019 Work RVU:** 0.93
2007 NF PE RVU: 3.46 **2019 NF PE RVU:** 2.92
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2017 Medicare Utilization:** 4,482

2007 Work RVU: 1.66 **2019 Work RVU:** 1.28
2007 NF PE RVU: 11.82 **2019 NF PE RVU:** 10.74
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2017 Medicare Utilization:** 716

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 2.65 **2019 Work RVU:** 1.74
2007 NF PE RVU: 13.79 **2019 NF PE RVU:** 17.06
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Decrease

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2017 Medicare Utilization:** 297,654

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.52 **2019 Work RVU:** 2.50
2007 NF PE RVU: 17.54 **2019 NF PE RVU:** 14.65
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Decrease

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2017 Medicare Utilization:** 362,649

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

2007 Work RVU: 3.79 **2019 Work RVU:** 2.60
2007 NF PE RVU: 19.32 **2019 NF PE RVU:** 15.38
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2017 Medicare Utilization:** 26,041

2007 Work RVU: 1.08 **2019 Work RVU:** 1.08
2007 NF PE RVU: 4.49 **2019 NF PE RVU:** 8.03
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95813 **Electroencephalogram (EEG) extended monitoring; greater than 1 hour** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2017 Medicare Utilization:** 30,656

2007 Work RVU: 1.73 **2019 Work RVU:** 1.63
2007 NF PE RVU: 5.4 **2019 NF PE RVU:** 9.67
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95816 **Electroencephalogram (EEG); including recording awake and drowsy** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2017 Medicare Utilization:** 287,531

2007 Work RVU: 1.08 **2019 Work RVU:** 1.08
2007 NF PE RVU: 4.1 **2019 NF PE RVU:** 9.10
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95819 **Electroencephalogram (EEG); including recording awake and asleep** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2017 Medicare Utilization:** 226,303

2007 Work RVU: 1.08 **2019 Work RVU:** 1.08
2007 NF PE RVU: 3.76 **2019 NF PE RVU:** 10.90
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95822 **Electroencephalogram (EEG); recording in coma or sleep only** **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** January 2012 **2017 Medicare Utilization:** 29,117

2007 Work RVU: 1.08 **2019 Work RVU:** 1.08
2007 NF PE RVU: 4.82 **2019 NF PE RVU:** 9.73
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95827 **Electroencephalogram (EEG); all night recording** **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:** 1,903

2007 Work RVU: 1.08 **2019 Work RVU:** 1.08
2007 NF PE RVU: 4.89 **2019 NF PE RVU:** 15.95
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk** **Global:** XXX **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2015 **2017 Medicare Utilization:** 56,996

2007 Work RVU: 0.28 **2019 Work RVU:** 0.28
2007 NF PE RVU: 0.44 **2019 NF PE RVU:** 0.61
2007 Fac PE RVU 0.12 **2019 Fac PE RVU:**0.11

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95832 **Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side**

Global: XXX **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2017 Medicare Utilization:** 5,339

2007 Work RVU: 0.29 **2019 Work RVU:** 0.29
2007 NF PE RVU: 0.34 **2019 NF PE RVU:** 0.58
2007 Fac PE RVU 0.12 **2019 Fac PE RVU:**0.13

RUC Recommendation: Refer to CPT for deletion.

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

95833 **Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands**

Global: XXX **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2017 Medicare Utilization:** 1,267

2007 Work RVU: 0.47 **2019 Work RVU:** 0.47
2007 NF PE RVU: 0.55 **2019 NF PE RVU:** 0.71
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**0.14

RUC Recommendation: Refer to CPT for deletion.

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

95834 **Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands**

Global: XXX **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2017 Medicare Utilization:** 449

2007 Work RVU: 0.60 **2019 Work RVU:** 0.60
2007 NF PE RVU: 0.61 **2019 NF PE RVU:** 0.93
2007 Fac PE RVU 0.26 **2019 Fac PE RVU:**0.25

RUC Recommendation: Refer to CPT for deletion.

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2017 Medicare Utilization:** 2,813

2007 Work RVU: 0.96 **2019 Work RVU:** 0.96
2007 NF PE RVU: 1.36 **2019 NF PE RVU:** 2.42
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 39,447

2007 Work RVU: 1.54 **2019 Work RVU:** 1.54
2007 NF PE RVU: 1.48 **2019 NF PE RVU:** 3.26
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 314

2007 Work RVU: 1.87 **2019 Work RVU:** 1.87
2007 NF PE RVU: 1.79 **2019 NF PE RVU:** 4.18
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 3,585

2007 Work RVU: 1.99 **2019 Work RVU:** 1.99
2007 NF PE RVU: 2.53 **2019 NF PE RVU:** 4.96
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 1,189

2007 Work RVU: 0.79 **2019 Work RVU:** 0.79
2007 NF PE RVU: 0.98 **2019 NF PE RVU:** 2.15
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 3,669

2007 Work RVU: 1.18 **2019 Work RVU:** 1.18
2007 NF PE RVU: 1.26 **2019 NF PE RVU:** 2.68
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2017 Medicare Utilization:** 562

2007 Work RVU: 0.37 **2019 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2019 NF PE RVU:** 2.27
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2017 Medicare Utilization:** 48,087

2007 Work RVU: 0.37 **2019 Work RVU:** 0.37
2007 NF PE RVU: 0.53 **2019 NF PE RVU:** 2.18
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 138,788

2007 Work RVU: **2019 Work RVU:** 0.35
2007 NF PE RVU: **2019 NF PE RVU:** 1.36
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 939,986

2007 Work RVU: **2019 Work RVU:** 0.86
2007 NF PE RVU: **2019 NF PE RVU:** 1.78
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 14,354

2007 Work RVU: **2019 Work RVU:** 0.71
2007 NF PE RVU: **2019 NF PE RVU:** 1.58
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.42 **2019 Work RVU:**
2007 NF PE RVU: 1.18 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011& February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.60 **2019 Work RVU:**
2007 NF PE RVU: 1.15 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 and February 2012 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.34 **2019 Work RVU:**
2007 NF PE RVU: 1.03 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 8,363

2007 Work RVU: **2019 Work RVU:** 1.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.66
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 64,553

2007 Work RVU: **2019 Work RVU:** 1.25
2007 NF PE RVU: **2019 NF PE RVU:** 2.20
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 135,010

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 2.62
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 160,410

2007 Work RVU: **2019 Work RVU:** 2.00
2007 NF PE RVU: **2019 NF PE RVU:** 3.40
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 168,619

2007 Work RVU: **2019 Work RVU:** 2.50
2007 NF PE RVU: **2019 NF PE RVU:** 3.99
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 79,495

2007 Work RVU: **2019 Work RVU:** 3.00
2007 NF PE RVU: **2019 NF PE RVU:** 4.28
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2017 Medicare Utilization:** 81,583

2007 Work RVU: **2019 Work RVU:** 3.56
2007 NF PE RVU: **2019 NF PE RVU:** 4.85
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** October 2009 **2017 Medicare Utilization:** 44,622

2007 Work RVU: 0.90 **2019 Work RVU:** 0.90
2007 NF PE RVU: 0.82 **2019 NF PE RVU:** 1.41
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** February 2008 **2017 Medicare Utilization:** 3,347

2007 Work RVU: 0.96 **2019 Work RVU:** 0.96
2007 NF PE RVU: 1 **2019 NF PE RVU:** 1.68
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.96 **Referred to CPT** February 2012 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 33 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2017 Medicare Utilization:** 116,563

2007 Work RVU: 0.90 **2019 Work RVU:** 0.90
2007 NF PE RVU: 1.99 **2019 NF PE RVU:** 2.68
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 06 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** **2017 Medicare Utilization:** 21,063

2007 Work RVU: **2019 Work RVU:** 1.73
2007 NF PE RVU: **2019 NF PE RVU:** 2.39
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.73 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2017 Medicare Utilization:** 9,876

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.63 **2019 NF PE RVU:** 3.14
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2017 Medicare Utilization:** 10,239

2007 Work RVU: 0.54 **2019 Work RVU:** 0.54
2007 NF PE RVU: 1.59 **2019 NF PE RVU:** 3.02
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.54 and New PE Inputs

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2017 Medicare Utilization:** 251

2007 Work RVU: 1.50 **2019 Work RVU:** 1.50
2007 NF PE RVU: 3.25 **2019 NF PE RVU:** 4.62
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2017 Medicare Utilization:** 1,325

2007 Work RVU: 1.50 **2019 Work RVU:** 1.50
2007 NF PE RVU: 3.48 **2019 NF PE RVU:** 4.77
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2017 Medicare Utilization:** 76,021

2007 Work RVU: 0.35 **2019 Work RVU:** 0.35
2007 NF PE RVU: 2.34 **2019 NF PE RVU:** 1.57
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.51 **2019 Work RVU:**
2007 NF PE RVU: 0.55 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab** 32 **Specialty Developing Recommendation:** **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.55 **2019 Work RVU:**
2007 NF PE RVU: 0.49 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2017 Medicare Utilization:** 80,888

2007 Work RVU: **2019 Work RVU:** 0.86
2007 NF PE RVU: **2019 NF PE RVU:** 8.85
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** **2017 Medicare Utilization:** 35,482

2007 Work RVU: **2019 Work RVU:** 2.25
2007 NF PE RVU: **2019 NF PE RVU:** 12.14
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012 **2017 Medicare Utilization:** 17,421

2007 Work RVU: **2019 Work RVU:** 0.60
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.29

RUC Recommendation: 0.60

Referred to CPT February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** 12 **Specialty Developing Recommendation:**

First Identified: January 2012 **2017 Medicare Utilization:** 1

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.00

Referred to CPT February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 35 **Specialty Developing Recommendation:** AAN, AANEM

First Identified: January 2018 **2017 Medicare Utilization:** 31,486

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT for Deletion

Referred to CPT May 2019 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009

2017 Medicare Utilization: 1,049

2007 Work RVU: 1.51 **2019 Work RVU:** 1.51
2007 NF PE RVU: 4.18 **2019 NF PE RVU:** 6.65
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:**

First Identified: October 2016

2017 Medicare Utilization: 164,820

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0 **2019 NF PE RVU:** 0.00
2007 Fac PE RVU 0 **2019 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009

2017 Medicare Utilization: 23,730

2007 Work RVU: 3.30 **2019 Work RVU:** 3.08
2007 NF PE RVU: 7.52 **2019 NF PE RVU:** 9.28
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** S **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2008

2017 Medicare Utilization: 1,181

2007 Work RVU: 2.45 **2019 Work RVU:** 2.45
2007 NF PE RVU: 4.38 **2019 NF PE RVU:** 8.70
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: October 2008

2017 Medicare Utilization: 4,043

2007 Work RVU: 3.08 **2019 Work RVU:** 3.61
2007 NF PE RVU: 15.47 **2019 NF PE RVU:** 37.18
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT

Result: Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)**

Global: XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 50 **Specialty Developing Recommendation:** AAN

First Identified: July 2015

2017 Medicare Utilization: 66,110

2007 Work RVU: 1.98 **2019 Work RVU:** 1.98
2007 NF PE RVU: 3.37 **2019 NF PE RVU:** 5.51
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 1.98

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95970 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2017 Medicare Utilization:** 38,884

2007 Work RVU: 0.45 **2019 Work RVU:** 0.35
2007 NF PE RVU: 0.86 **2019 NF PE RVU:** 0.16
2007 Fac PE RVU 0.14 **2019 Fac PE RVU:**0.15

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2017 Medicare Utilization:** 23,731

2007 Work RVU: 0.78 **2019 Work RVU:** 0.78
2007 NF PE RVU: 0.66 **2019 NF PE RVU:** 0.59
2007 Fac PE RVU 0.22 **2019 Fac PE RVU:**0.32

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95972 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2017 Medicare Utilization:** 56,839

2007 Work RVU: 1.50 **2019 Work RVU:** 0.80
2007 NF PE RVU: 1.21 **2019 NF PE RVU:** 0.74
2007 Fac PE RVU 0.48 **2019 Fac PE RVU:** 0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2017 Medicare Utilization:**

2007 Work RVU: 0.92 **2019 Work RVU:**
2007 NF PE RVU: 0.61 **2019 NF PE RVU:**
2007 Fac PE RVU 0.32 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2017 Medicare Utilization:** 12,046

2007 Work RVU: 3.00 **2019 Work RVU:**
2007 NF PE RVU: 1.65 **2019 NF PE RVU:**
2007 Fac PE RVU 1.19 **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2017 Medicare Utilization:** 192

2007 Work RVU: 1.70 **2019 Work RVU:**
2007 NF PE RVU: 0.86 **2019 NF PE RVU:**
2007 Fac PE RVU 0.67 **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95976 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.73
2007 NF PE RVU: **2019 NF PE RVU:** 0.36
2007 Fac PE RVU **2019 Fac PE RVU:** 0.34

RUC Recommendation: 0.95 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95977 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.97
2007 NF PE RVU: **2019 NF PE RVU:** 0.48
2007 Fac PE RVU **2019 Fac PE RVU:** 0.46

RUC Recommendation: 1.19 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2017 Medicare Utilization:** 35,951

2007 Work RVU: 3.50 **2019 Work RVU:**
2007 NF PE RVU: 1.91 **2019 NF PE RVU:**
2007 Fac PE RVU 1.24 **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2017 Medicare Utilization:** 5,815

2007 Work RVU: 1.64 **2019 Work RVU:**
2007 NF PE RVU: 0.84 **2019 NF PE RVU:**
2007 Fac PE RVU 0.64 **2019 Fac PE RVU:**

RUC Recommendation: Code Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2017 Medicare Utilization:** 472

2007 Work RVU: **2019 Work RVU:** 0.80
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.35

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2017 Medicare Utilization:** 754

2007 Work RVU: **2019 Work RVU:** 0.30
2007 NF PE RVU: **2019 NF PE RVU:** 0.63
2007 Fac PE RVU **2019 Fac PE RVU:** 0.17

RUC Recommendation: Not part of family

Referred to CPT June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 07 **Specialty Developing Recommendation:** No Interest

First Identified: July 2015 **2017 Medicare Utilization:** 1,266

2007 Work RVU: **2019 Work RVU:** 0.65
2007 NF PE RVU: **2019 NF PE RVU:** 0.81
2007 Fac PE RVU **2019 Fac PE RVU:** 0.30

RUC Recommendation: Not part of family

Referred to CPT June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95983 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

First Identified: June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.91
2007 NF PE RVU: **2019 NF PE RVU:** 0.45
2007 Fac PE RVU **2019 Fac PE RVU:** 0.43

RUC Recommendation: 1.25 and Refer to CPT Assistant

Referred to CPT June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95984 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.80
2007 NF PE RVU: **2019 NF PE RVU:** 0.39
2007 Fac PE RVU **2019 Fac PE RVU:** 0.38

RUC Recommendation: 1.00 and Refer to CPT Assistant **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2017 Medicare Utilization:** 2,532

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.53 **2019 NF PE RVU:** 2.59
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2017 Medicare Utilization:** 11,179

2007 Work RVU: 0.77 **2019 Work RVU:** 0.77
2007 NF PE RVU: 1.53 **2019 NF PE RVU:** 2.46
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.30

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95992 **Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day**

Global: XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 33 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2017 Medicare Utilization:** 89,217

2007 Work RVU: **2019 Work RVU:** 0.75
2007 NF PE RVU: **2019 NF PE RVU:** 0.46
2007 Fac PE RVU **2019 Fac PE RVU:** 0.28

RUC Recommendation: Remove from Modifier -51 Exempt list. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X01

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X02

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X03

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X04

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X05

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X06

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X07

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X08

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X09

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X10

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X11

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X12

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X13

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X14

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X15

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X16

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X17

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X18

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X19

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 4.70 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X20

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 4.75 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X21

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

95X22

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 5.40 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95X23

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 7.58 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2017 Medicare Utilization:** 227,056

2007 Work RVU: 1.86 **2019 Work RVU:**
2007 NF PE RVU: 0.58 **2019 NF PE RVU:**
2007 Fac PE RVU 0.56 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2017 Medicare Utilization:** 35,918

2007 Work RVU: 0.50 **2019 Work RVU:**
2007 NF PE RVU: 0.8 **2019 NF PE RVU:**
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2017 Medicare Utilization:** 192,876

2007 Work RVU: 0.51 **2019 Work RVU:**
2007 NF PE RVU: 0.49 **2019 NF PE RVU:**
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2017 Medicare Utilization:** 1,063

2007 Work RVU: 0.00 **2019 Work RVU:** 1.75
2007 NF PE RVU: 1.83 **2019 NF PE RVU:** 1.12
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 0.18 **2019 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2017 Medicare Utilization:** 831

2007 Work RVU: 2.60 **2019 Work RVU:**
2007 NF PE RVU: 0.96 **2019 NF PE RVU:**
2007 Fac PE RVU 0.92 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96112 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 2.56
2007 NF PE RVU: **2019 NF PE RVU:** 1.13
2007 Fac PE RVU **2019 Fac PE RVU:** 0.91

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96113 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.16
2007 NF PE RVU: **2019 NF PE RVU:** 0.48
2007 Fac PE RVU **2019 Fac PE RVU:** 0.42

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2017 Medicare Utilization:** 170,005

2007 Work RVU: 1.86 **2019 Work RVU:** 1.86
2007 NF PE RVU: 0.76 **2019 NF PE RVU:** 0.75
2007 Fac PE RVU 0.59 **2019 Fac PE RVU:** 0.46

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2017 Medicare Utilization:** 689,738

2007 Work RVU: 1.86 **2019 Work RVU:**
2007 NF PE RVU: 1.25 **2019 NF PE RVU:**
2007 Fac PE RVU 0.56 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2017 Medicare Utilization:** 188,192

2007 Work RVU: 0.55 **2019 Work RVU:**
2007 NF PE RVU: 1.15 **2019 NF PE RVU:**
2007 Fac PE RVU 0.17 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2017 Medicare Utilization:** 33,102

2007 Work RVU: 0.51 **2019 Work RVU:**
2007 NF PE RVU: 1.04 **2019 NF PE RVU:**
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96121 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.71
2007 NF PE RVU: **2019 NF PE RVU:** 0.53
2007 Fac PE RVU **2019 Fac PE RVU:** 0.42

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2017 Medicare Utilization:** 2,471

2007 Work RVU: **2019 Work RVU:** 1.70
2007 NF PE RVU: **2019 NF PE RVU:** 1.35
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2017 Medicare Utilization:** 115,747

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.14
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96130 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 2.56
2007 NF PE RVU: **2019 NF PE RVU:** 0.64
2007 Fac PE RVU **2019 Fac PE RVU:** 0.44

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96131 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.96
2007 NF PE RVU: **2019 NF PE RVU:** 0.48
2007 Fac PE RVU **2019 Fac PE RVU:** 0.33

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96132 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 2.56
2007 NF PE RVU: **2019 NF PE RVU:** 1.06
2007 Fac PE RVU **2019 Fac PE RVU:** 0.39

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96133 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.96
2007 NF PE RVU: **2019 NF PE RVU:** 0.80
2007 Fac PE RVU **2019 Fac PE RVU:** 0.30

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96136 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.55
2007 NF PE RVU: **2019 NF PE RVU:** 0.75
2007 Fac PE RVU **2019 Fac PE RVU:** 0.12

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96137 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.46
2007 NF PE RVU: **2019 NF PE RVU:** 0.75
2007 Fac PE RVU **2019 Fac PE RVU:** 0.07

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96138 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.07
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96139 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 1.07
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96146 **Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.05
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96150 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2017 Medicare Utilization:** 60,186

2007 Work RVU: 0.50 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.16 **2019 NF PE RVU:** 0.13
2007 Fac PE RVU 0.16 **2019 Fac PE RVU:** 0.08

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96151 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2017 Medicare Utilization:** 5,862

2007 Work RVU: 0.48 **2019 Work RVU:** 0.48
2007 NF PE RVU: 0.16 **2019 NF PE RVU:** 0.13
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:** 0.09

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96152 **Health and behavior intervention, each 15 minutes, face-to-face; individual**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:** 110,855

2007 Work RVU: 0.46 **2019 Work RVU:** 0.46
2007 NF PE RVU: 0.15 **2019 NF PE RVU:** 0.11
2007 Fac PE RVU 0.14 **2019 Fac PE RVU:**0.07

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:** 43,152

2007 Work RVU: 0.10 **2019 Work RVU:** 0.10
2007 NF PE RVU: 0.04 **2019 NF PE RVU:** 0.03
2007 Fac PE RVU 0.03 **2019 Fac PE RVU:**0.01

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:** APA (psychology), NASW

First Identified: April 2017 **2017 Medicare Utilization:** 15,095

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.15 **2019 NF PE RVU:** 0.11
2007 Fac PE RVU 0.14 **2019 Fac PE RVU:**0.06

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

96155 **Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: 0.44 **2019 Work RVU:** 0.44
2007 NF PE RVU: 0.16 **2019 NF PE RVU:** 0.17
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:** 0.17

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

961X0

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

961X1

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

961X2

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

961X3

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

961X4

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

961X5

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

961X6

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

961X7

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

961X8

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 0.54

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour**

Global: XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH

First Identified: July 2015 **2017 Medicare Utilization:** 238,415

2007 Work RVU: **2019 Work RVU:** 0.17
2007 NF PE RVU: **2019 NF PE RVU:** 0.88
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 25 **Specialty Developing Recommendation:** ASCO, ASH

First Identified: July 2015 **2017 Medicare Utilization:** 486,061

2007 Work RVU: **2019 Work RVU:** 0.09
2007 NF PE RVU: **2019 NF PE RVU:** 0.28
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.09

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**

Global: XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2017 Medicare Utilization:** 1,255,315

2007 Work RVU: **2019 Work RVU:** 0.21
2007 NF PE RVU: **2019 NF PE RVU:** 1.77
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2017 Medicare Utilization:** 614,674

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.42
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2017 Medicare Utilization:** 1,481,914

2007 Work RVU: **2019 Work RVU:** 0.19
2007 NF PE RVU: **2019 NF PE RVU:** 0.67
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2017 Medicare Utilization:** 139,791

2007 Work RVU: **2019 Work RVU:** 0.17
2007 NF PE RVU: **2019 NF PE RVU:** 0.41
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2017 Medicare Utilization:** 9,592,761

2007 Work RVU: **2019 Work RVU:** 0.17
2007 NF PE RVU: **2019 NF PE RVU:** 0.29
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2017 Medicare Utilization:** 278,742

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.90
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2017 Medicare Utilization:** 1,412,889

2007 Work RVU: **2019 Work RVU:** 0.10
2007 NF PE RVU: **2019 NF PE RVU:** 0.36
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2017 Medicare Utilization:** 5

2007 Work RVU: **2019 Work RVU:** 0.17
2007 NF PE RVU: **2019 NF PE RVU:** 0.39
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Not Part of RAW
Referred to CPT Asst ☐ **Published in CPT Asst:**

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2017 Medicare Utilization:** 730,325

2007 Work RVU: 0.21 **2019 Work RVU:** 0.21
2007 NF PE RVU: 1.34 **2019 NF PE RVU:** 1.98
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2017 Medicare Utilization:** 397,904

2007 Work RVU: 0.19 **2019 Work RVU:** 0.19
2007 NF PE RVU: 0.94 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2017 Medicare Utilization:** 5,799

2007 Work RVU: 0.52 **2019 Work RVU:** 0.52
2007 NF PE RVU: 2.71 **2019 NF PE RVU:** 1.76
2007 Fac PE RVU 0.24 **2019 Fac PE RVU:**0.29

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2017 Medicare Utilization:** 394

2007 Work RVU: 0.80 **2019 Work RVU:** 0.80
2007 NF PE RVU: 3.08 **2019 NF PE RVU:** 2.60
2007 Fac PE RVU 0.29 **2019 Fac PE RVU:**0.45

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2017 Medicare Utilization:** 109,633

2007 Work RVU: 0.24 **2019 Work RVU:** 0.24
2007 NF PE RVU: 2.88 **2019 NF PE RVU:** 2.74
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2017 Medicare Utilization:** 180,879

2007 Work RVU: 0.20 **2019 Work RVU:** 0.20
2007 NF PE RVU: 1.58 **2019 NF PE RVU:** 1.42
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.20 **Referred to CPT** N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2017 Medicare Utilization:** 1,818,552

2007 Work RVU: 0.28 **2019 Work RVU:** 0.28
2007 NF PE RVU: 4.05 **2019 NF PE RVU:** 3.61
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2017 Medicare Utilization:** 947,552

2007 Work RVU: 0.19 **2019 Work RVU:** 0.19
2007 NF PE RVU: 0.74 **2019 NF PE RVU:** 0.65
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.19 and new PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2017 Medicare Utilization:** 40,995

2007 Work RVU: 0.21 **2019 Work RVU:** 0.21
2007 NF PE RVU: 4.47 **2019 NF PE RVU:** 3.70
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2017 Medicare Utilization:** 387,720

2007 Work RVU: 0.21 **2019 Work RVU:** 0.21
2007 NF PE RVU: 1.89 **2019 NF PE RVU:** 1.67
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.21 and new PE inputs **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab** R **Specialty Developing Recommendation:** **First Identified:** NA **2017 Medicare Utilization:** 129

2007 Work RVU: 2.37 **2019 Work RVU:** 2.12
2007 NF PE RVU: 7.48 **2019 NF PE RVU:** 21.08
2007 Fac PE RVU 1.17 **2019 Fac PE RVU:**0.96

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2017 Medicare Utilization:** 142,690

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00

2007 NF PE RVU: 2.4 **2019 NF PE RVU:** 3.49

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.48

2007 NF PE RVU: **2019 NF PE RVU:** 5.19

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.48

Referred to CPT September 2016

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.01

2007 NF PE RVU: **2019 NF PE RVU:** 6.19

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.01

Referred to CPT September 2016

Result: Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015

2017 Medicare Utilization: 396,836

2007 Work RVU: 0.00 **2019 Work RVU:** 0.00
2007 NF PE RVU: 1.24 **2019 NF PE RVU:** 3.22
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: PE Only

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96920 **Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD

First Identified: October 2008

2017 Medicare Utilization: 114,104

2007 Work RVU: 1.15 **2019 Work RVU:** 1.15
2007 NF PE RVU: 2.8 **2019 NF PE RVU:** 3.43
2007 Fac PE RVU 0.57 **2019 Fac PE RVU:**0.69

RUC Recommendation: 1.15

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96921 **Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2017 Medicare Utilization: 29,910

2007 Work RVU: 1.17 **2019 Work RVU:** 1.30
2007 NF PE RVU: 2.82 **2019 NF PE RVU:** 3.72
2007 Fac PE RVU 0.57 **2019 Fac PE RVU:**0.77

RUC Recommendation: 1.30

Referred to CPT

Result: Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

96922 **Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm** **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2017 Medicare Utilization:** 17,982

2007 Work RVU: 2.10 **2019 Work RVU:** 2.10
2007 NF PE RVU: 3.77 **2019 NF PE RVU:** 4.70
2007 Fac PE RVU 0.73 **2019 Fac PE RVU:**1.22

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

96X11 **Psychological or neuropsychological test administration using single instrument, with interpretation and report by physician or other qualified health care professional and interactive feedback to the patient, family member(s), or caregivers(s), when performed** **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 19 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Rescind for CPT 2019 **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97001 **Physical therapy evaluation** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 1.20 **2019 Work RVU:**
2007 NF PE RVU: 0.73 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97002 **Physical therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2017 Medicare Utilization:**

2007 Work RVU: 0.60 **2019 Work RVU:**
2007 NF PE RVU: 0.43 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2017 Medicare Utilization:**

2007 Work RVU: 1.20 **2019 Work RVU:**
2007 NF PE RVU: 0.86 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2017 Medicare Utilization:**

2007 Work RVU: 0.60 **2019 Work RVU:**
2007 NF PE RVU: 0.64 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Result: Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.06 **2019 Work RVU:** 0.06
2007 NF PE RVU: 0.06 **2019 NF PE RVU:** 0.11
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: No specialty society interest **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2017 Medicare Utilization:** 571,712

2007 Work RVU: 0.25 **2019 Work RVU:** 0.25
2007 NF PE RVU: 0.13 **2019 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18
2007 NF PE RVU: 0.19 **2019 NF PE RVU:** 0.23
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 637,950

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18
2007 NF PE RVU: 0.2 **2019 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 144,486

2007 Work RVU: 0.06 **2019 Work RVU:** 0.06
2007 NF PE RVU: 0.12 **2019 NF PE RVU:** 0.13
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2017 Medicare Utilization:** 181,667

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.24 **2019 NF PE RVU:** 0.33
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2017 Medicare Utilization:** 948,365

2007 Work RVU: 0.25 **2019 Work RVU:** 0.25
2007 NF PE RVU: 0.17 **2019 NF PE RVU:** 0.16
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** **2017 Medicare Utilization:** 66,594

2007 Work RVU: 0.26 **2019 Work RVU:** 0.26
2007 NF PE RVU: 0.31 **2019 NF PE RVU:** 0.32
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2017 Medicare Utilization:** 7,461

2007 Work RVU: 0.21 **2019 Work RVU:** 0.21
2007 NF PE RVU: 0.16 **2019 NF PE RVU:** 0.21
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2017 Medicare Utilization:** 2,385,617

2007 Work RVU: 0.21 **2019 Work RVU:** 0.21
2007 NF PE RVU: 0.1 **2019 NF PE RVU:** 0.17
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 55,252,552

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.28 **2019 NF PE RVU:** 0.40
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2017 Medicare Utilization:** 12,487,237

2007 Work RVU: 0.45 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.32 **2019 NF PE RVU:** 0.47
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2017 Medicare Utilization:** 1,727,279

2007 Work RVU: 0.44 **2019 Work RVU:** 0.48
2007 NF PE RVU: 0.43 **2019 NF PE RVU:** 0.60
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2017 Medicare Utilization:** 2,104,563

2007 Work RVU: 0.40 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.25 **2019 NF PE RVU:** 0.39
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact**

Global: XXX **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified: September 2011 **2017 Medicare Utilization:** 26,648,169

2007 Work RVU: 0.43 **2019 Work RVU:** 0.43
2007 NF PE RVU: 0.26 **2019 NF PE RVU:** 0.35
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab** **Specialty Developing Recommendation:** APTA

First Identified: April 2011 **2017 Medicare Utilization:** 1,159,637

2007 Work RVU: 0.27 **2019 Work RVU:** 0.29
2007 NF PE RVU: 0.19 **2019 NF PE RVU:** 0.22
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2015 **2017 Medicare Utilization:** 1,256,396

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 1.15
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.75

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2017 Medicare Utilization:** 1,262,550

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 1.15
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2017 Medicare Utilization:** 319,591

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 1.15
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2017 Medicare Utilization:** 521,145

2007 Work RVU: **2019 Work RVU:** 0.75
2007 NF PE RVU: **2019 NF PE RVU:** 0.85
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2017 Medicare Utilization:** 113,142

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 1.33
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2017 Medicare Utilization:** 83,519

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 1.33
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2017 Medicare Utilization:** 21,758

2007 Work RVU: **2019 Work RVU:** 1.20
2007 NF PE RVU: **2019 NF PE RVU:** 1.33
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2017 Medicare Utilization:** 32,200

2007 Work RVU: **2019 Work RVU:** 0.75
2007 NF PE RVU: **2019 NF PE RVU:** 0.99
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2017 Medicare Utilization:** 12,453,332

2007 Work RVU: 0.44 **2019 Work RVU:** 0.44
2007 NF PE RVU: 0.34 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2017 Medicare Utilization:** 265,480

2007 Work RVU: 0.44 **2019 Work RVU:**
2007 NF PE RVU: 0.21 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2017 Medicare Utilization:** 11,496

2007 Work RVU: 0.44 **2019 Work RVU:** 0.48
2007 NF PE RVU: 0.25 **2019 NF PE RVU:** 0.71
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2017 Medicare Utilization:** 1,359,553

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.34 **2019 NF PE RVU:** 0.50
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** **2017 Medicare Utilization:** 5,806

2007 Work RVU: 0.45 **2019 Work RVU:** 0.48
2007 NF PE RVU: 0.27 **2019 NF PE RVU:** 0.43
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes** **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2017 Medicare Utilization:** 41,963

2007 Work RVU: 0.45 **2019 Work RVU:** 0.48
2007 NF PE RVU: 0.28 **2019 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less** **Global:** 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2017 Medicare Utilization:** 988,728

2007 Work RVU: 0.58 **2019 Work RVU:** 0.51
2007 NF PE RVU: 0.77 **2019 NF PE RVU:** 1.99
2007 Fac PE RVU 0.53 **2019 Fac PE RVU:**0.15

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2017 Medicare Utilization:** 155,637

2007 Work RVU: 0.80 **2019 Work RVU:** 0.24
2007 NF PE RVU: 0.91 **2019 NF PE RVU:** 0.54
2007 Fac PE RVU 0.64 **2019 Fac PE RVU:**0.07

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2017 Medicare Utilization:** 50,579

2007 Work RVU: 0.55 **2019 Work RVU:** 0.55
2007 NF PE RVU: 0.36 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU 0.2 **2019 Fac PE RVU:**0.17

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2017 Medicare Utilization:** 15,822

2007 Work RVU: 0.60 **2019 Work RVU:** 0.60
2007 NF PE RVU: 0.37 **2019 NF PE RVU:** 0.84
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2017 Medicare Utilization:** 4,019

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2017 Medicare Utilization:** 899

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** 0.00

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** **First Identified:** **2017 Medicare Utilization:** 5,239

2007 Work RVU: **2019 Work RVU:** 0.35
2007 NF PE RVU: **2019 NF PE RVU:** 6.02
2007 Fac PE RVU **2019 Fac PE RVU:** 0.11

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2017 Medicare Utilization:** 2,119

2007 Work RVU: 0.62 **2019 Work RVU:** 0.62
2007 NF PE RVU: 0.28 **2019 NF PE RVU:** 0.44
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2017 Medicare Utilization:** 67,136

2007 Work RVU: 0.45 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.36 **2019 NF PE RVU:** 0.83
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2017 Medicare Utilization:** 5,966

2007 Work RVU: 0.45 **2019 Work RVU:** 0.50
2007 NF PE RVU: 0.29 **2019 NF PE RVU:** 0.64
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes** **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2017 Medicare Utilization:** 17,658

2007 Work RVU: 0.25 **2019 Work RVU:**
2007 NF PE RVU: 0.5 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes** **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.48
2007 NF PE RVU: **2019 NF PE RVU:** 0.93
2007 Fac PE RVU **2019 Fac PE RVU:**NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes** **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2017 Medicare Utilization:** 215,788

2007 Work RVU: 0.45 **2019 Work RVU:** 0.53
2007 NF PE RVU: 0.39 **2019 NF PE RVU:** 0.50
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**0.41

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2017 Medicare Utilization:** 197,851

2007 Work RVU: 0.37 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2019 NF PE RVU:** 0.44
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**0.35

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2017 Medicare Utilization:** 71,541

2007 Work RVU: 0.45 **2019 Work RVU:** 0.46
2007 NF PE RVU: 0.31 **2019 NF PE RVU:** 0.40
2007 Fac PE RVU 0.14 **2019 Fac PE RVU:**0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2017 Medicare Utilization:** 112,357

2007 Work RVU: 0.65 **2019 Work RVU:** 0.71
2007 NF PE RVU: 0.4 **2019 NF PE RVU:** 0.53
2007 Fac PE RVU 0.23 **2019 Fac PE RVU:**0.27

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2017 Medicare Utilization:** 96,136

2007 Work RVU: 0.87 **2019 Work RVU:** 0.96
2007 NF PE RVU: 0.49 **2019 NF PE RVU:** 0.67
2007 Fac PE RVU 0.28 **2019 Fac PE RVU:**0.34

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2017 Medicare Utilization:** 100,915

2007 Work RVU: 1.03 **2019 Work RVU:** 1.21
2007 NF PE RVU: 0.57 **2019 NF PE RVU:** 0.77
2007 Fac PE RVU 0.32 **2019 Fac PE RVU:**0.42

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved** **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2017 Medicare Utilization:** 67,710

2007 Work RVU: 1.19 **2019 Work RVU:** 1.46
2007 NF PE RVU: 0.65 **2019 NF PE RVU:** 0.91
2007 Fac PE RVU 0.35 **2019 Fac PE RVU:**0.52

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2017 Medicare Utilization:** 6,120,741

2007 Work RVU: 0.45 **2019 Work RVU:** 0.46
2007 NF PE RVU: 0.23 **2019 NF PE RVU:** 0.32
2007 Fac PE RVU 0.12 **2019 Fac PE RVU:**0.16

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions** **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2017 Medicare Utilization:** 13,060,238

2007 Work RVU: 0.65 **2019 Work RVU:** 0.71
2007 NF PE RVU: 0.29 **2019 NF PE RVU:** 0.43
2007 Fac PE RVU 0.17 **2019 Fac PE RVU:**0.25

RUC Recommendation: 0.71 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2017 Medicare Utilization:** 855,434

2007 Work RVU: 0.87 **2019 Work RVU:** 0.96
2007 NF PE RVU: 0.36 **2019 NF PE RVU:** 0.51
2007 Fac PE RVU 0.23 **2019 Fac PE RVU:**0.34

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2017 Medicare Utilization:**

2007 Work RVU: 0.40 **2019 Work RVU:** 0.46
2007 NF PE RVU: 0.22 **2019 NF PE RVU:** 0.28
2007 Fac PE RVU 0.14 **2019 Fac PE RVU:**0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

99143 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99144 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99148 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99149 **Deleted from CPT**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99150 **Deleted from CPT**

Global: ZZZ **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI

First Identified: January 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0 **2019 NF PE RVU:**
2007 Fac PE RVU 0 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2017 Medicare Utilization:** 204

2007 Work RVU: **2019 Work RVU:** 0.50
2007 NF PE RVU: **2019 NF PE RVU:** 1.57
2007 Fac PE RVU **2019 Fac PE RVU:** 0.17

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2017 Medicare Utilization:** 1,593,359

2007 Work RVU: **2019 Work RVU:** 0.25
2007 NF PE RVU: **2019 NF PE RVU:** 1.17
2007 Fac PE RVU **2019 Fac PE RVU:** 0.08

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2017 Medicare Utilization:** 85

2007 Work RVU: **2019 Work RVU:** 1.90
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.46

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2017 Medicare Utilization:** 9,561

2007 Work RVU: **2019 Work RVU:** 1.65
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.44

RUC Recommendation: 1.84 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.15
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 0.00
2007 NF PE RVU: **2019 NF PE RVU:** 0.12
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Therapy **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 33 **Specialty Developing Recommendation:** ACEP, ACP, ACS, APMA **First Identified:** April 2013 **2017 Medicare Utilization:** 444,884

2007 Work RVU: 2.34 **2019 Work RVU:** 2.11
2007 NF PE RVU: 3.08 **2019 NF PE RVU:** 0.76
2007 Fac PE RVU 0.69 **2019 Fac PE RVU:** 0.76

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99281 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2017 Medicare Utilization:** 77,582

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.09 **2019 Fac PE RVU:** 0.11
Result: Increase

RUC Recommendation: 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2017 Medicare Utilization:** 379,540

2007 Work RVU: 0.88 **2019 Work RVU:** 0.88
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:** 0.21
Result: Increase

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2017 Medicare Utilization:** 3,177,828

2007 Work RVU: 1.34 **2019 Work RVU:** 1.34
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.3 **2019 Fac PE RVU:**0.29
Result: Increase

RUC Recommendation: 1.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99284 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2017 Medicare Utilization:** 5,794,213

2007 Work RVU: 2.56 **2019 Work RVU:** 2.56
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.47 **2019 Fac PE RVU:**0.53
Result: Increase

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99285 **Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2017 Medicare Utilization:** 11,758,976

2007 Work RVU: 3.80 **2019 Work RVU:** 3.80
2007 NF PE RVU: NA **2019 NF PE RVU:** NA
2007 Fac PE RVU 0.71 **2019 Fac PE RVU:** 0.74

RUC Recommendation: 3.80 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2017 Medicare Utilization:**

2007 Work RVU: 1.65 **2019 Work RVU:**
2007 NF PE RVU: 1.29 **2019 NF PE RVU:**
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2017 Medicare Utilization:**

2007 Work RVU: 0.63 **2019 Work RVU:**
2007 NF PE RVU: 0.38 **2019 NF PE RVU:**
2007 Fac PE RVU 0.15 **2019 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2017 Medicare Utilization:**

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 1.35 **2019 NF PE RVU:** 1.11
2007 Fac PE RVU 1.26 **2019 Fac PE RVU:**0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2017 Medicare Utilization:**

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 1.64 **2019 NF PE RVU:** 1.11
2007 Fac PE RVU 1.56 **2019 Fac PE RVU:**0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99491 **Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.**

Global: XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:** 1.45
2007 NF PE RVU: **2019 NF PE RVU:** 0.79
2007 Fac PE RVU **2019 Fac PE RVU:** 0.79

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not part of RAW
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2018

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2017 Medicare Utilization:** 1,077,126

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 0.80
2007 Fac PE RVU **2019 Fac PE RVU:** 0.63

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** RUC Referral to CPT Assistant **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab** 19 **Specialty Developing Recommendation:** AAFP, AAN, ACP, ACCP, AGS, ATS **First Identified:** January 2014 **2017 Medicare Utilization:** 32,427

2007 Work RVU: **2019 Work RVU:** 1.40
2007 NF PE RVU: **2019 NF PE RVU:** 0.62
2007 Fac PE RVU **2019 Fac PE RVU:** 0.61

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2017 Medicare Utilization:** 972,742

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.51 **2019 NF PE RVU:** 0.58
2007 Fac PE RVU NA **2019 Fac PE RVU:** 0.29

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2017 Medicare Utilization:** 39,427

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.37 **2019 NF PE RVU:** 0.42
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:** 0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2017 Medicare Utilization:** 2,725

2007 Work RVU: 0.96 **2019 Work RVU:** 0.84
2007 NF PE RVU: 2.33 **2019 NF PE RVU:** 3.85
2007 Fac PE RVU 0.53 **2019 Fac PE RVU:** 0.68

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 248,363

2007 Work RVU: 3.69 **2019 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2019 NF PE RVU:** 5.29
2007 Fac PE RVU 1.57 **2019 Fac PE RVU:** 1.71

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2017 Medicare Utilization:** 147,897

2007 Work RVU: 0.00 **2019 Work RVU:** 0.90
2007 NF PE RVU: 0.77 **2019 NF PE RVU:** 0.57
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2017 Medicare Utilization:** 108,316

2007 Work RVU: 0.00 **2019 Work RVU:** 0.25
2007 NF PE RVU: 0.44 **2019 NF PE RVU:** 0.15
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2017 Medicare Utilization:** 246,264

2007 Work RVU: 3.69 **2019 Work RVU:** 3.26
2007 NF PE RVU: 6.2 **2019 NF PE RVU:** 5.29
2007 Fac PE RVU 1.57 **2019 Fac PE RVU:**1.71

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2017 Medicare Utilization:** 49,580

2007 Work RVU: 0.42 **2019 Work RVU:** 0.42
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.48
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**0.48

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab** 51 **Specialty Developing Recommendation:** APMA

First Identified: April 2011 **2017 Medicare Utilization:** 978,610

2007 Work RVU: 0.17 **2019 Work RVU:** 0.17
2007 NF PE RVU: 0.28 **2019 NF PE RVU:** 0.51
2007 Fac PE RVU 0.07 **2019 Fac PE RVU:**0.04

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0141 **Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2017 Medicare Utilization:** 4,373

2007 Work RVU: 0.42 **2019 Work RVU:** 0.42
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.48
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:**0.48

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 33 **Specialty Developing Recommendation:** ACC **First Identified:** April 2016 **2017 Medicare Utilization:** 134,360

2007 Work RVU: 0.07 **2019 Work RVU:** 0.07
2007 NF PE RVU: 3.81 **2019 NF PE RVU:** 3.86
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Wound Closure by Adhesive **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 34 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** July 2016 **2017 Medicare Utilization:** 41,924

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 1.84 **2019 NF PE RVU:** 2.43
2007 Fac PE RVU 0.22 **2019 Fac PE RVU:** 0.30

RUC Recommendation: 0.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0179 **Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2017 Medicare Utilization:** 981,976

2007 Work RVU: 0.45 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.89 **2019 NF PE RVU:** 0.70
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

G0180 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008 **2017 Medicare Utilization:** 1,277,471

2007 Work RVU: 0.67 **2019 Work RVU:** 0.67
2007 NF PE RVU: 1.09 **2019 NF PE RVU:** 0.80
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0181 **Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: October 2008 **2017 Medicare Utilization:** 401,415

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 1.32 **2019 NF PE RVU:** 1.21
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

G0182 **Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016 **2017 Medicare Utilization:** 27,063

2007 Work RVU: 1.73 **2019 Work RVU:** 1.73
2007 NF PE RVU: 1.46 **2019 NF PE RVU:** 1.23
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0202 **Screening mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2017 Medicare Utilization:** 5,943,306

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 2.74 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0204 **Diagnostic mammography, producing direct digital image, bilateral, all views**

Global: XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2017 Medicare Utilization:** 610,486

2007 Work RVU: 0.87 **2019 Work RVU:**
2007 NF PE RVU: 2.87 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Assume CMS will delete

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0206 **Diagnostic mammography, producing direct digital image, unilateral, all views** **Global:** XXX **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2017 Medicare Utilization:** 778,228

2007 Work RVU: 0.70 **2019 Work RVU:**
2007 NF PE RVU: 2.31 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: Assume CMS will delete **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2017 Medicare Utilization:** 87,135

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0.41 **2019 NF PE RVU:** 0.27
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)** **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2017 Medicare Utilization:** 81,942

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 0.43 **2019 NF PE RVU:** 0.28
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0248 **Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: January 2016 **2017 Medicare Utilization:** 32,948

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 5.8 **2019 NF PE RVU:** 2.48
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:** 1,282,929

2007 Work RVU: 0.00 **2019 Work RVU:**
2007 NF PE RVU: 3.57 **2019 NF PE RVU:** 2.50
2007 Fac PE RVU NA **2019 Fac PE RVU:**NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0250 **Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2017 Medicare Utilization:** 241,231

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18
2007 NF PE RVU: 0.07 **2019 NF PE RVU:** 0.07
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab** 35 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008 **2017 Medicare Utilization:** 151,659

2007 Work RVU: 0.61 **2019 Work RVU:** 0.61
2007 NF PE RVU: 0.63 **2019 NF PE RVU:** 0.78
2007 Fac PE RVU 0.23 **2019 Fac PE RVU:** 0.26

RUC Recommendation: 0.61

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** ADA

First Identified: February 2008 **2017 Medicare Utilization:** 55,853

2007 Work RVU: 0.37 **2019 Work RVU:** 0.45
2007 NF PE RVU: 0.38 **2019 NF PE RVU:** 0.38
2007 Fac PE RVU 0.38 **2019 Fac PE RVU:** 0.31

RUC Recommendation: Maintain/Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)**

Global: ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: October 2017 **2017 Medicare Utilization:** 487,611

2007 Work RVU: **2019 Work RVU:** 0.60

2007 NF PE RVU: **2019 NF PE RVU:** 0.93

2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Recommend CMS delete

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab** 29 **Specialty Developing Recommendation:** APTA

First Identified: October 2010 **2017 Medicare Utilization:** 7,274,029

2007 Work RVU: 0.18 **2019 Work RVU:** 0.18

2007 NF PE RVU: 0.12 **2019 NF PE RVU:** 0.23

2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0297 **Low dose ct scan (ldct) for lung cancer screening**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 134,000

2007 Work RVU: 0.00 **2019 Work RVU:** 1.02

2007 NF PE RVU: 0 **2019 NF PE RVU:** 5.64

2007 Fac PE RVU 0 **2019 Fac PE RVU:** NA

RUC Recommendation: Refer to CPT

Referred to CPT May 2019

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service**

Global: ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: October 2017 **2017 Medicare Utilization:** 89,521

2007 Work RVU: 0.16 **2019 Work RVU:**
2007 NF PE RVU: 0.15 **2019 NF PE RVU:**
2007 Fac PE RVU 0.06 **2019 Fac PE RVU:**

RUC Recommendation: Deleted

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 17 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: October 2017 **2017 Medicare Utilization:** 37,662

2007 Work RVU: 0.25 **2019 Work RVU:** 0.25
2007 NF PE RVU: 4.28 **2019 NF PE RVU:** 5.29
2007 Fac PE RVU NA **2019 Fac PE RVU:** NA

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening**

Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS

First Identified: July 2014 **2017 Medicare Utilization:**

2007 Work RVU: 0.58 **2019 Work RVU:**
2007 NF PE RVU: 1.81 **2019 NF PE RVU:**
2007 Fac PE RVU NA **2019 Fac PE RVU:**

RUC Recommendation: CPT Assistant article published

Referred to CPT May 2015
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0396 **Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:** AAFP, ASA, ASAM **First Identified:** October 2017 **2017 Medicare Utilization:** 37,740

2007 Work RVU: **2019 Work RVU:** 0.65
2007 NF PE RVU: **2019 NF PE RVU:** 0.31
2007 Fac PE RVU **2019 Fac PE RVU:** 0.25

RUC Recommendation: Refer to CPT **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0399 **Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation**

Global: XXX **Issue:** **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2017 Medicare Utilization:** 90,032

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:** 0.00
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: CMS delete **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2017 Medicare Utilization:** 490,304

2007 Work RVU: **2019 Work RVU:** 2.43
2007 NF PE RVU: **2019 NF PE RVU:** 2.14
2007 Fac PE RVU **2019 Fac PE RVU:** 1.02

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0403 **Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2017 Medicare Utilization:** 128,399

2007 Work RVU: **2019 Work RVU:** 0.17
2007 NF PE RVU: **2019 NF PE RVU:** 0.29
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2017 Medicare Utilization:** 123,761

2007 Work RVU: **2019 Work RVU:** 3.60
2007 NF PE RVU: **2019 NF PE RVU:** 8.36
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: 4.00

Referred to CPT **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Deleted

Referred to CPT **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0438 **Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2013 **2017 Medicare Utilization:** 1,187,947

2007 Work RVU: **2019 Work RVU:** 2.43
2007 NF PE RVU: **2019 NF PE RVU:** 2.28
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2013 **2017 Medicare Utilization:** 6,526,122

2007 Work RVU: **2019 Work RVU:** 1.50
2007 NF PE RVU: **2019 NF PE RVU:** 1.71
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0442 **Annual alcohol misuse screening, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest

First Identified: April 2016 **2017 Medicare Utilization:** 565,405

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.33
2007 Fac PE RVU **2019 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0444 **Annual depression screening, 15 minutes** **Global:** XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2017 Medicare Utilization:** 1,347,544

2007 Work RVU: **2019 Work RVU:** 0.18
2007 NF PE RVU: **2019 NF PE RVU:** 0.32
2007 Fac PE RVU **2019 Fac PE RVU:** 0.08

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes** **Global:** XXX **Issue:** Intensive Behavioral Therapy for Cardiovascular Disease **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2017 **2017 Medicare Utilization:** 181,760

2007 Work RVU: **2019 Work RVU:** 0.45
2007 NF PE RVU: **2019 NF PE RVU:** 0.25
2007 Fac PE RVU **2019 Fac PE RVU:** 0.19

RUC Recommendation: Survey, but no specialty interest, so no recommendation.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes** **Global:** XXX **Issue:** Behavioral Counseling for Obesity **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2017 Medicare Utilization:** 270,178

2007 Work RVU: **2019 Work RVU:** 0.45
2007 NF PE RVU: **2019 NF PE RVU:** 0.25
2007 Fac PE RVU **2019 Fac PE RVU:** 0.19

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0452 **Molecular pathology procedure; physician interpretation and report**

Global: **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab** 37 **Specialty Developing Recommendation:**

First Identified: October 2018 **2017 Medicare Utilization:** 97,939

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: Survey October 2019

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2017 Medicare Utilization:** 392,524

2007 Work RVU: **2019 Work RVU:** 0.60
2007 NF PE RVU: **2019 NF PE RVU:** NA
2007 Fac PE RVU **2019 Fac PE RVU:** 0.28

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2017 Medicare Utilization:**

2007 Work RVU: **2019 Work RVU:**
2007 NF PE RVU: **2019 NF PE RVU:**
2007 Fac PE RVU **2019 Fac PE RVU:**

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab** 31 **Specialty Developing Recommendation:**

First Identified: October 2017 **2017 Medicare Utilization:** 1,345,762

2007 Work RVU: **2019 Work RVU:** 0.39
2007 NF PE RVU: **2019 NF PE RVU:** 1.76
2007 Fac PE RVU **2019 Fac PE RVU:** NA

RUC Recommendation: Remove from screen

Referred to CPT

Result: Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

P3001 **Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017 **2017 Medicare Utilization:** 1,754

2007 Work RVU: 0.42 **2019 Work RVU:** 0.42
2007 NF PE RVU: 0.21 **2019 NF PE RVU:** 0.48
2007 Fac PE RVU 0.21 **2019 Fac PE RVU:** 0.48

RUC Recommendation: 0.42

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

Q0091 **Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory**

Global: XXX **Issue:**

Screen: CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2019

Tab 37

Specialty Developing Recommendation:

First Identified: October 2018

2017 Medicare Utilization: 594,614

2007 Work RVU: 0.37 **2019 Work RVU:** 0.37

2007 NF PE RVU: 0.69 **2019 NF PE RVU:** 0.85

2007 Fac PE RVU 0.13 **2019 Fac PE RVU:**0.15

RUC Recommendation: Survey for April 2019

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
29822	**Arthroscopy, shoulder, surgical; debridement, limited**	CMS Fastest Growing	January 2019	AAOS	Setpember 2019

Background: In October 2018, AMA staff identified the Harvard Valued services with 2017e Medicare utilization over 30,000. CPT code 29823 was identifed and an action plan was requested for January 2019. In January 2019, the RUC recommended to refer CPT code 29823 for revision. The code descriptors for 29822 and 29823 are not clear (eg, limited versus extensive) and there are no guidelines to assist providers and coders with selecting the correct code.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
29823	**Arthroscopy, shoulder, surgical; debridement, extensive**	Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3	January 2019	AAOS	Setpember 2019

Background: In October 2018, AMA staff identified the Harvard Valued services with 2017e Medicare utilization over 30,000. CPT code 29823 was identifed and an action plan was requested for January 2019. In January 2019, the RUC recommended to refer CPT code 29823 for revision. The code descriptors for 29822 and 29823 are not clear (eg, limited versus extensive) and there are no guidelines to assist providers and coders with selecting the correct code.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
32405	**Biopsy, lung or mediastinum, percutaneous needle**	Codes Reported Together 75%or More-Part4	January 2018	ACR, SIR	February 2019

Background: In October 2017, maintaining the consistency with previous iterations, AMA staff used the 2016 estimated Medicare 5% sample claims data to determine when a code pair is reported on the same day, same patient and same NPI number at or more than 75% of the time. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 32405/77012 were identified. In January 2018, the RUC recommended to refer to CPT to bundle with 32405 with 77012 for CPT 2020.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37220	**Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37225	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37226	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37227	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37228	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37229	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37230	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37231	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37232	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37233	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37234	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37235	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	January 2019	SVS, ACS, SIR, ACR, ACC	September 2019

Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than $500. The RUC requests an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64415	**Injection, anesthetic agent; brachial plexus, single**	CMS Fastest Growing	October 2018	AAPM, ASA	May 2019

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64416	**Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)**	Site of Service Anomaly / High Volume Growth2	October 2018	ASA	May 2019

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64417	**Injection, anesthetic agent; axillary nerve**	part of New/Revised Review	October 2018		May 2019

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64446	**Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)**	Site of Service Anomaly / High Volume Growth1	October 2018	ASA	May 2019

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64447	**Injection, anesthetic agent; femoral nerve, single**	CMS Fastest Growing	October 2018	AAPM, ASA	May 2019

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
64448	**Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)**	Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2	October 2018	ASA	May 2019

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74301	**Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**	CMS-Other - Utilization over 30,000	January 2019		May 2019

Background: This service was identified with 74300. In January 2019, the RUC recommended to refer this code to CPT for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74425	**Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation**	Codes Reported Together 75% or More-Part2	October 2018	ACR, AUA, SIR	May 2019

Background: CPT code 74425 was bundled with 50398 at the October 2014 CPT/January 2015 meetings for CPT 2016. . While this code is not being deleted, it was unclear what the typical vignette will be for this procedure once the majority of its utilization has migrated to the new codes. The RUC agreed with the specialty societies that two years of Medicare claims data should be reviewed prior to re-survey. The RUC recommends a delay to the survey of CPT code 74425 until at least two years of Medicare claims data is available (October 2018). In October 2018, the RUC referred CPT code 74425 to CPT for editorial changes to the descriptor and vignette to clarify between pyelostogram, nephrostogram, and loopogram.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
74X01		CMS-Other - Utilization over 30,000	January 2019		February 2019-EC

Background: In January 2019, the RUC determined that CPT code 74X01 should be referred to the CPT Editorial Panel to correct the add-on code descriptor to clearly delineate the small bowel follow-through as an procedure reported in addition to the preceding upper GI code. Some RUC members expressed concern that there may be confusion in reporting this code that might be mistaken as inclusive of the preceding upper GI code. The RUC recommends CPT code 74X01 be referred to the CPT Editorial Panel for editorial revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76942	**Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**	CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3	April 2014	AACE, AAOS, AAPMR, ACR, ACRh, APMA, ASA, ASBS, ASIPP, AUA, SIR, TES	May 2019

Background: During the October 2018 RUC presentation of the Somatic Nerve Injection family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77012	**Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**	CMS-Other - Utilization over 100,000 / Codes Reported Together 75%or More-Part4	January 2018	ACR, SIR	February 2019

Background: In October 2017, maintaining the consistency with previous iterations, AMA staff used the 2016 estimated Medicare 5% sample claims data to determine when a code pair is reported on the same day, same patient and same NPI number at or more than 75% of the time. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 32405/77012 were identified. In January 2018, the RUC recommended to refer to CPT to bundle with 32405 with 77012 for CPT 2020.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77014	**Computed tomography guidance for placement of radiation therapy fields**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	January 2016	ASTRO, ACR	

Background: Revise based on CMS input regarding the radiation oncology services. CMS maintains G codes at this time. Specialty society will revise once CMS makes final determinations on the radiation oncology CPT codes. TBD.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77401	**Radiation treatment delivery, superficial and/or ortho voltage, per day**	High Volume Growth5	January 2019		May 2019

Background: In October 2018, this service wa identified by the High Volume Growth screen, for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. The Workgroup requested an action plan for January 2019. In January 2019, the RUC recommended to Refer to CPT May 2019/RUC Oct 2019 to better define the set of services associated with delivery of superficial radiation therapy (SRT).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
908XX	**Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact**	Negative IWPUT	January 2019		February 2019-EC

Background: In January 2019, the RUC recommends referral to the CPT Editorial Panel that CPT codes 908XX and 909XX be revised to clarify that the physician is performing the service the entire time. The RUC recommends an editorial revision that specifies “15 minutes of one-on-one physician or qualified health care professional contact with the patient” so reporting of this service is clear and represents what was surveyed and valued at the RUC.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
909XX	**Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)**	Negative IWPUT	January 2019		February 2019-EC

Background: In January 2019, the RUC recommends referral to the CPT Editorial Panel that CPT codes 908XX and 909XX be revised to clarify that the physician is performing the service the entire time. The RUC recommends an editorial revision that specifies “15 minutes of one-on-one physician or qualified health care professional contact with the patient” so reporting of this service is clear and represents what was surveyed and valued at the RUC.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92585	**Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**	CMS-Other - Utilization over 30,000	January 2018	AAA, AANEM, ACNS, ASHA	February 2019

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to refer to Feb 2019 CPT meeting to clarify the code descriptors to better define limited/comprehensive and develop a new related procedure, Vestibular Evoked Myogenic Potentials (VEMP), has recently been approved by the FDA. A VEMP specific code should be developed and will replace some use of CPT code 92585.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92992	**Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**	CMS Request - NPRM for 2019	January 2019		September 2019

Background: In January 2019, the RUC identified the possibility that related imaging guidance may not be correctly bundled into CPT code 92992. Therefore, the RUC recommends that CPT code 92992 be referred to the CPT Editorial Panel for revision to bundle in all forms of imaging guidance typically used during the procedure. Additionally, the specialty societies indicated that CPT code 92993 is antiquated and rarely performed. The RUC recommends that CPT code 92993 be referred to the CPT Editorial Panel for revision or possible deletion. Once these services return to the RUC for survey they should survey as a 000-day global period because these procedures do not provide definitive therapy, the patients requiring these procedures often remain critically ill after the life-saving/temporizing procedures.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92993	**Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**	CMS Request - NPRM for 2019	January 2019		September 2019

Background: In January 2019, the RUC identified the possibility that related imaging guidance may not be correctly bundled into CPT code 92992. Therefore, the RUC recommends that CPT code 92992 be referred to the CPT Editorial Panel for revision to bundle in all forms of imaging guidance typically used during the procedure. Additionally, the specialty societies indicated that CPT code 92993 is antiquated and rarely performed. The RUC recommends that CPT code 92993 be referred to the CPT Editorial Panel for revision or possible deletion. Once these services return to the RUC for survey they should survey as a 000-day global period because these procedures do not provide definitive therapy, the patients requiring these procedures often remain critically ill after the life-saving/temporizing procedures.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
93299	**Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**	CMS High Expenditure Procedural Codes2 / Contractor Priced High Volume	October 2018	ACC, HRS	May 2019

Background: In October 2018, the RUC recommeded new practice expense inputs for practice expense only code. The specialty society indicated that they intend to submit a coding proposal to the CPT Editorial Panel to delete CPT code 93299, as it will no longer be necessary to have a separate code for practice expense once CPT codes 93297 and 93298 are allocated direct practice expense inputs in 2020. The RUC recommends that CPT code 93299 be referred to CPT for deletion.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
94400	**Breathing response to CO2 (CO2 response curve)**	Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018	January 2019	AAFP, ACCP, ATS, ACP, APTA, AOTA	May 2019

Background: In January 2019, the RUC recommended to survey for April 2019. The Workgroup noted that 94400 may be recommended for deletion and 94640 and 94668 should be surveyed by Family Practice as they are the primary providers of these services.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95943	**Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**	Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume	January 2019	AAN, AANEM	May 2019

Background: CPT Feb 2012 established 2 new codes with instructional guidelines to report autonomic function testing. In January 2019, a RUC member provided background that when this Category I code was created at the CPT Editorial Panel it was created to differentiate the service from tilt table testing. The device manufacturer brought the code forward for a series of maneuvers that are different than those performed using a tilt table. The RUC member suggested that in the years since the code was created it has proven that it does not meet the criteria for a Category I code. The RUC member explained the service is not widely performed and that 100 internists performing the service is not “frequency consistent with the intended clinical use”. The code describes common measures and if the service was consistent with current medical practice the volume would be much higher. The RUC recommends CPT code 95943 be referred to the CPT Editorial Panel for deletion.

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0297	**Low dose ct scan (ldct) for lung cancer screening**	CMS-Other - Utilization over 30,000	January 2019		May 2019

Background: In October 2018, AMA staff identified the CMS/Other Source codes with 2017 estimated Medicare utilization over 30,000. G0297 was identified. The Workgroup requested action plans January 2019. In January 2019, the RUC recommended to refer to CPT Editorial Panel to establish a permanent code fo rthis procedure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	January 2018	AAFP, ASA, ASAM	

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
75898	**Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**	Codes Reported Together 75% or More-Part1	January 2019	Refer to CPT Assistant	AANS/CNS, ACR, ASNR, SCAI, SIR	

Background: The Workgroup accepts the specialties' recommendation to submit a code change proposal that would address any duplication when these services are reported together on the same date by the same physician. Timeline: No later than the February 2011 CPT Editorial Panel meeting. The Workgroup accepts the specialties' recommendation to submit a code change proposal that would address any duplication when these services are reported together on the same date by the same physician. At the October 2012 RUC meeting, the specialties reiterated to the RUC that under the current coding structure, CPT codes 75896 and 75898 are reported during thrombolytic therapy. However, with the CPT revisions for 2013, these two codes will no longer be reported during thrombolytic therapy. Given this, it is unknown exactly how these two orphan codes will be reported in 2013. The remaining non-thrombolysis use of these codes will be influenced by future CPT Editorial Panel changes. CPT code 75896 will be included in a multi-specialty coding revision effort led by neurossurgery. This coding proposal will describe intracranial infusion other than for thrombolysis (e.g. vasodilators in the setting of cerebral vasospasm). This coding change is expected to be reviewed by the CPT Editorial Panel in February 2013. CPT code 75898 will be addressed in the multi-specialty embolization coding revision due for CPT Editorial Panel review in Feburary 2013 and RUC review in April 2013 as well. However, until recommendations are reviewed and submitted for 2014, the RUC continues to recommend carrier pricing for CPT codes 75896 and 75898. These services will be assessed once the coding changes for the related services all take effect and utilization data is available, which will be no earlier than the October 2016 RUC meeting. In April 2015, the specialty societies requested to refer these services to the CPT Editorial Panel as a coding change proposal has already been submitted for review at the May 2015 CPT meeting to delete code 75896 and a multispecialty coding change proposal is scheduled to be addressed in a future CPT cycle. The new codes approved for intracranial thrombolysis and intracranial mechanical thrombectomy are expected to be utilized instead of 75898. The work remaining in 75798 will be appropriately surveyed by physicians who perform such work. The RUC is scheduled to review the utilization of 75898 at the October 2016 Relativity Assessment Workgroup meeting. In October 2016, the specialty societies indicated that the utilization for this service will go down after the other coding changes take effect. The Workgroup recommends reviewing this service in 2 years after more utilization data is available (October 2018). In October 2018, the Workgroup noted that utilization decreased appropriately after code bundling solutions. However, this service is currently CMS/Other source and has never been RUC surveyed. The Workgroup requests an action plan for January 2019 to determine whether to survey what remains in this service currently or delete this service. In January 2019, the RUC recommeded to refer to CPT Assistant to provide education on how to correctly report this service.

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15X00		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	CPT 2023		☐
15X01		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15X02		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	CPT 2023		☐
15X03		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	CPT 2023		☐
15X04		Oct 2018	Tissue Grafting Procedures	04	CPT 2020	CPT 2023		☐
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	October 2021		☐
205X1		Jan 2019	Trigger Point Dry Needling	41	CPT 2020	CPT 2023		☐
205X2		Jan 2019	Trigger Point Dry Needling	41	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
206X0		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	CPT 2023		☐
206X1		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	CPT 2023		☐
206X2		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	CPT 2023		☐
206X3		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	CPT 2023		☐
206X4		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	CPT 2023		☐
206X5		Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	CPT 2023		☐
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020		☐
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	☑
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019		☐
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2021	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	October 2021		☐
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		☐
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	October 2022		☐
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	October 2022		☐
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		☐
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2023	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	☐
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology.	☐
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	October 2022		☐
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	Jan 2018	Hemi-Aortic Arch Replacement	06	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	October 2021		☐
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33X01		Oct 2018	Aortic Graft Procedures	06	CPT 2020	CPT 2023		☐
34806	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	October 2021		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019		☐
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	October 2020		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2021).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2021).	☐
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46X48		Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	CPT 2023		☐
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	October 2022		☐
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	October 2021		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020		☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019		☐
622X0		Jan 2019	Lumbar Puncture	09	CPT 2020	CPT 2023		☐
622X1		Jan 2019	Lumbar Puncture	09	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64450		Jan 2019	Genicular Injection and RFA	10	CPT 2020	CPT 2023		☐
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (September 2019).	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64640		Jan 2019	Genicular Injection and RFA	10	CPT 2020	CPT 2023		☐
64XX0		Jan 2019	Genicular Injection and RFA	10	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64XX1		Jan 2019	Genicular Injection and RFA	10	CPT 2020	CPT 2023		☐
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019		☐
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Review utilization in 3 years (Sept 2019) and flag in the RUC database not to use to validate physician work.	☐
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
6XX00		Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	CPT 2023		☐
6XX01		Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	CPT 2023		☐
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Ultrasound of Extremity	17	CPT 2011	October 2019	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019).	☐
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		☐
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	October 2022		☐
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	October 2022		☐
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	October 2022		☐
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	October 2022		☐
77061	Digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77062	Digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	☐
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	October 2021	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2021).	☐
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Review in 3 years (October 2020)	☐
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Feb 2011	Stereotactic Body Radiation Delivery	32	CPT 2012	October 2015	Practice expense review (Feb 2011).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Survey (work) and PE review (Feb 2011).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							parathyroid scintigraphy as an effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting	☑

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CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							postponed and reviewed in 2 years after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019		☐
78459		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
78491		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
78492		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78813	Positron emission tomography (PET) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
788X0		Jan 2019	SPECT-CT Procedures	14	CPT 2020	CPT 2023		☐
788X1		Jan 2019	SPECT-CT Procedures	14	CPT 2020	CPT 2023		☐
788X2		Jan 2019	SPECT-CT Procedures	14	CPT 2020	CPT 2023		☐
788X3		Jan 2019	SPECT-CT Procedures	14	CPT 2020	CPT 2023		☐
78X29		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
78X31		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
78X32		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
78X33		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78X34		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
78X35		Jan 2019	Myocardial PET	13	CPT 2020	CPT 2023		☐
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant Spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis) ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), K304E variant ACE (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant AGTR1 (angiotensin II receptor, type 1) (eg, essential hypertension), 1166A>C variant BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), Y438N variant CCR5 (chemokine C-C motif receptor 5) (eg, HIV resistance), 32-bp deletion mutation/794 825del32 deletion CLRN1 (clarin 1) (eg, Usher syndrome, type 3), N48K variant F2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199G>A variant F5 (coagulation factor V) (eg, hereditary hypercoagulability), HR2 variant F7 (coagulation factor VII [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), R353Q variant F13B (coagulation factor XIII, B polypeptide) (eg, hereditary hypercoagulability), V34L variant FGB (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455G>A variant FGFR1 (fibroblast growth factor receptor 1) (eg, Pfeiffer syndrome type 1, craniosynostosis), P252R variant FGFR3 (fibroblast growth factor receptor 3) (eg, Muenke syndrome), P250R variant FKTN (fukutin) (eg, Fukuyama congenital muscular dystrophy), retrotransposon insertion variant GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), M712T variant IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), A282V variant LCT (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 C>T variant NEB (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant PCDH15	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(protocadherin-related 15) (eg, Usher syndrome type 1F), R245X variant SERPINE1 (serpine peptidase inhibitor clade E, member 1, plasminogen activator inhibitor -1, PAI-1) (eg, thrombophilia), 4G variant SHOC2 (soc-2 suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), S2G variant SRY (sex determining region Y) (eg, 46,XX testicular disorder of sex development, gonadal dysgenesis), gene analysis TOR1A (torsin family 1, member A [torsin A]) (eg, early-onset primary dystonia [DYT1]), 907_909delGAG (904_906delGAG) variant							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9G>A [c.3992-9G>A], F1388del) ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), T315I variant ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, K304E, Y42H) ADRB2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, G16R, Q27E) APOB (apolipoprotein B) (eg, familial hypercholesterolemia type B), common variants (eg, R3500Q, R3500W) APOE (apolipoprotein E) (eg, hyperlipoproteinemia type III, cardiovascular disease, Alzheimer disease), common variants (eg, *2, *3, *4) CBFB/MYH11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, I278T, G307S) CCND1/IGH (BCL1/IgH, t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative, and quantitative, if performed CFH/ARMS2 (complement factor H/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, Y402H [CFH], A69S [ARMS2]) DEK/NUP214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed E2A/PBX1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EML4/ALK (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis ETV6/NTRK3 (t(12;15)) (eg, congenital/infantile fibrosarcoma), translocation	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	analysis, qualitative, and quantitative, if performed ETV6/RUNX1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed EWSR1/ATF1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed EWSR1/ERG (t(21;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/FLI1 (t(11;22)) (eg, Ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed EWSR1/WT1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed F11 (coagulation factor XI) (eg, coagulation disorder), common variants (eg, E117X [Type II], F283L [Type III], IVS14del14, and IVS14+1G>A [Type I]) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138G>A, 1138G>C, 1620C>A, 1620C>G) FIP1L1/PDGFRA (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed FLG (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, R501X, 2282del4, R2447X, S3247X, 3702delG) FOXO1/PAX3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FOXO1/PAX7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed FUS/DDIT3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed GALC (galactosylceramidase) (eg, Krabbe disease), common variants (eg, c.857G>A, 30-kb deletion) GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, Q188R, S135L, K285N, T138M, L195P, Y209C, IVS2-2A>G, P171S, del5kb, N314D, L218L/N314D) H19 (imprinted maternally							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	expressed transcript [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [MBR] or minor cluster region [mcr]), qualitative or quantitative (When both MBR and mcr breakpoints are performed, use 81402) KCNQ1OT1 (KCNQ1 overlapping transcript 1 [non-protein coding]) (eg, Beckwith-Wiedemann syndrome), methylation analysis LINC00518 (long intergenic non-protein coding RNA 518) (eg, melanoma), expression analysis LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), common variants (eg, R1441G, G2019S, I2020T) MED12 (mediator complex subunit 12) (eg, FG syndrome type 1, Lujan syndrome), common variants (eg, R961W, N1007S) MEG3/DLK1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [Drosophila]) (eg, intrauterine growth retardation), methylation analysis MLL/AFF1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed MLL/MLLT3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed MT-ATP6 (mitochondrially encoded ATP synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [NARP], Leigh syndrome), common variants (eg, m.8993T>G, m.8993T>C) MT-ND4, MT-ND6 (mitochondrially encoded NADH dehydrogenase 4, mitochondrially encoded NADH dehydrogenase 6) (eg, Leber hereditary optic neuropathy [LHON]), common variants (eg, m.11778G>A, m.3460G>A, m.14484T>C) MT-ND5 (mitochondrially encoded tRNA leucine 1 [UUA/G], mitochondrially encoded NADH dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [MELAS]), common variants (eg, m.3243A>G, m.3271T>C, m.3252A>G, m.13513G>A) MT-RNR1 (mitochondrially							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	encoded 12S RNA) (eg, nonsyndromic hearing loss), common variants (eg, m.1555A>G, m.1494C>T) MT-TK (mitochondrially encoded tRNA lysine) (eg, myoclonic epilepsy with ragged-red fibers [MERRF]), common variants (eg, m.8344A>G, m.8356T>C) MT-TL1 (mitochondrially encoded tRNA leucine 1 [UUA/G]) (eg, diabetes and hearing loss), common variants (eg, m.3243A>G, m.14709 T>C) MT-TL1 MT-TS1, MT-RNR1 (mitochondrially encoded tRNA serine 1 [UCN], mitochondrially encoded 12S RNA) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445A>G, m.1555A>G) MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), common variants (eg, Y165C, G382D) NOD2 (nucleotide-binding oligomerization domain containing 2) (eg, Crohn's disease, Blau syndrome), common variants (eg, SNP 8, SNP 12, SNP 13) NPM1/ALK (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis PAX8/PPARG (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis PRAME (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, N29I, A16V, R122H) PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), common variants (eg, R50X, G205S) RUNX1/RUNX1T1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed SS18/SSX1 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed SS18/SSX2 (t(X;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), common variants (eg, T791M,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD]) Chromosome 1p-/19q- (eg, glial tumors), deletion analysis Chromosome 18q- (eg, D18S55, D18S58, D18S61, D18S64, and D18S69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) COL1A1/PDGFB (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, IVS2-13G, P30L, I172N, exon 6 mutation cluster [I235N, V236E, M238K], V281L, L307FfsX6, Q318X, R356W, P453S, G110VfsX21, 30-kb deletion variant) ESR1/PGR (receptor 1/progesterone receptor) ratio (eg, breast cancer) IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative MEFV (Mediterranean fever) (eg, familial Mediterranean fever), common variants (eg, E148Q, P369S, F479L, M680I, I692del, M694V, M694I, K695R, V726A, A744S, R761H) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), common variants (eg, W515A, W515K, W515L, W515R) TRD@ (T cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population Uniparental disomy (UPD) (eg, Russell-Silver syndrome, Prader-Willi/Angelman syndrome), short tandem repeat (STR) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ANG (angiogenin, ribonuclease, RNase A family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence ARX (aristaless-related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), duplication/deletion analysis CEL (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [MODY]), targeted sequence analysis of exon 11 (eg, c.1785delC, c.1686delT) CTNNB1 (catenin [cadherin-associated protein], beta 1, 88kDa) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) DAZ/SRY (deleted in azoospermia and sex determining region Y) (eg, male infertility), common deletions (eg, AZFa, AZFb, AZFc, AZFd) DNMT3A (DNA [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) EPCAM (epithelial cell adhesion molecule) (eg, Lynch syndrome), duplication/deletion analysis F8 (coagulation factor VIII) (eg, hemophilia A), inversion analysis, intron 1 and intron 22A F12 (coagulation factor XII [Hageman factor]) (eg, angioedema, hereditary, type III; factor XII deficiency), targeted sequence analysis of exon 9 FGFR3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (For targeted sequence analysis of multiple FGFR3 exons, use 81404) GJB1 (gap junction protein, beta 1) (eg, Charcot-Marie-Tooth X-linked), full gene sequence GNAQ (guanine nucleotide-binding protein G[q] subunit alpha) (eg, uveal melanoma), common variants (eg, R183, Q209) Human erythrocyte antigen gene analyses (eg, SLC14A1 [Kidd blood group], BCAM [Lutheran blood group], ICAM4 [Landsteiner-Wiener blood	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	group], SLC4A1 [Diego blood group], AQP1 [Colton blood group], ERMAP [Scianna blood group], RHCE [Rh blood group, CcEe antigens], KEL [Kell blood group], DARC [Duffy blood group], GYPA, GYPB, GYPE [MNS blood group], ART4 [Dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), exon 2 sequence JAK2 (Janus kinase 2) (eg, myeloproliferative disorder), exon 12 sequence and exon 13 sequence, if performed KCNC3 (potassium voltage-gated channel, Shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) KCNJ2 (potassium inwardly-rectifying channel, subfamily J, member 2) (eg, Andersen-Tawil syndrome), full gene sequence KCNJ11 (potassium inwardly-rectifying channel, subfamily J, member 11) (eg, familial hyperinsulinism), full gene sequence Killer cell immunoglobulin-like receptor (KIR) gene family (eg, hematopoietic stem cell transplantation), genotyping of KIR family genes Known familial variant not otherwise specified, for gene listed in Tier 1 or Tier 2, or identified during a genomic sequencing procedure, DNA sequence analysis, each variant exon (For a known familial variant that is considered a common variant, use specific common variant Tier 1 or Tier 2 code) MC4R (melanocortin 4 receptor) (eg, obesity), full gene sequence MICA (MHC class I polypeptide-related sequence A) (eg, solid organ transplantation), common variants (eg, *001, *002) MPL (myeloproliferative leukemia virus oncogene, thrombopoietin receptor, TPOR) (eg, myeloproliferative disorder), exon 10 sequence MT-RNR1 (mitochondrially encoded 12S RNA) (eg, nonsyndromic hearing loss), full gene sequence MT-TS1 (mitochondrially encoded tRNA serine 1) (eg, nonsyndromic hearing loss), full gene sequence NDP (Norrie disease							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	[pseudoglioma]) (eg, Norrie disease), duplication/deletion analysis NHLRC1 (NHL repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis PLN (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene) RHD (Rh blood group, D antigen) (eg, hemolytic disease of the fetus and newborn, Rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal DNA in maternal blood (For human erythrocyte gene analysis of RHD, use a separate unit of 81403) SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), duplication/deletion analysis TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), duplication/deletion analysis UBA1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, X-linked), targeted sequence analysis (eg, exon 15) VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), deletion/duplication analysis VWF (von Willebrand factor) (eg, von Willebrand disease types 2A, 2B, 2M), targeted sequence analysis (eg, exon 28)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) AQP2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence ARX (aristaless related homeobox) (eg, X-linked lissencephaly with ambiguous genitalia, X-linked mental retardation), full gene sequence AVPR2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence BBS10 (Bardet-Biedl syndrome 10) (eg, Bardet-Biedl syndrome), full gene sequence BTD (biotinidase) (eg, biotinidase deficiency), full gene sequence C10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial DNA depletion syndrome), full gene sequence CAV3 (caveolin 3) (eg, CAV3-related distal myopathy, limb-girdle muscular dystrophy type 1C), full gene sequence CD40LG (CD40 ligand) (eg, X-linked hyper IgM syndrome), full gene sequence CDKN2A (cyclin-dependent kinase inhibitor 2A) (eg, CDKN2A-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence CLRN1 (clarin 1) (eg, Usher syndrome, type 3), full gene sequence COX6B1 (cytochrome c oxidase subunit VIb polypeptide 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPT2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase II deficiency), full gene sequence CRX (cone-rod homeobox) (eg, cone-rod dystrophy 2, Leber congenital amaurosis), full gene sequence CYP1B1 (cytochrome P450, family 1, subfamily B, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence EGR2 (early growth response 2) (eg, Charcot-Marie-	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	Tooth), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), duplication/deletion analysis EPM2A (epilepsy, progressive myoclonus type 2A, Lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence FGF23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence FGFR2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, Apert syndrome, Crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) FGFR3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) FHL1 (four and a half LIM domains 1) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence FKRP (fukutin related protein) (eg, congenital muscular dystrophy type 1C [MDC1C], limb-girdle muscular dystrophy [LGMD] type 2I), full gene sequence FOXG1 (forkhead box G1) (eg, Rett syndrome), full gene sequence FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles FSHMD1A (facioscapulohumeral muscular dystrophy 1A) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4A and 4B haplotypes) GH1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence GP1BB (glycoprotein Ib [platelet], beta polypeptide) (eg, Bernard-Soulier syndrome type B), full gene sequence (For common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), duplication/deletion analysis HRAS (v-Ha-ras Harvey rat sarcoma viral oncogene homolog) (eg, Costello syndrome), full gene sequence HSD3B2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type II deficiency), full gene sequence HSD11B2 (hydroxysteroid [11-beta]							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence HSPB1 (heat shock 27kDa protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence INS (insulin) (eg, diabetes mellitus), full gene sequence KCNJ1 (potassium inwardly-rectifying channel, subfamily J, member 1) (eg, Bartter syndrome), full gene sequence KCNJ10 (potassium inwardly-rectifying channel, subfamily J, member 10) (eg, SeSAME syndrome, EAST syndrome, sensorineural hearing loss), full gene sequence LITAF (lipopolysaccharide-induced TNF factor) (eg, Charcot-Marie-Tooth), full gene sequence MEFV (Mediterranean fever) (eg, familial Mediterranean fever), full gene sequence MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), duplication/deletion analysis MMACHC (methylmalonic aciduria [cobalamin deficiency] cblC type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), duplication/deletion analysis NDP (Norrie disease [pseudoglioma]) (eg, Norrie disease), full gene sequence NDUFA1 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFAF2 (NADH dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS4 (NADH dehydrogenase [ubiquinone] Fe-S protein 4, 18kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NIPA1 (non-imprinted in Prader-Willi/Angelman syndrome 1) (eg, spastic paraplegia), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), duplication/deletion analysis NPC2 (Niemann-Pick disease, type C2 [epididymal secretory protein E1]) (eg, Niemann-							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	Pick disease type C2), full gene sequence NR0B1 (nuclear receptor subfamily 0, group B, member 1) (eg, congenital adrenal hypoplasia), full gene sequence PDX1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence PHOX2B (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal cancer), targeted sequence analysis (eg, exons 9 and 20) PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), duplication/deletion analysis PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), duplication/deletion analysis PRNP (prion protein) (eg, genetic prion disease), full gene sequence PROP1 (PROP paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence PRPH2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence PRSS1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2B and familial medullary thyroid carcinoma), common variants (eg, M918T, 2647_2648delinsTT, A883F) RHO (rhodopsin) (eg, retinitis pigmentosa), full gene sequence RP1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence SCN1B (sodium channel, voltage-gated, type I, beta) (eg, Brugada syndrome), full gene sequence SCO2 (SCO cytochrome oxidase deficient homolog 2 [SCO1L]) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis SDHD							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(succinate dehydrogenase complex, subunit D, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis SH2D1A (SH2 domain containing 1A) (eg, X-linked lymphoproliferative syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), duplication/deletion analysis SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis SLC25A4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence SOD1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence SPINK1 (serine peptidase inhibitor, Kazal type 1) (eg, hereditary pancreatitis), full gene sequence STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), duplication/deletion analysis TACO1 (translational activator of mitochondrial encoded cytochrome c oxidase I) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence THAP1 (THAP domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence TOR1A (torsin family 1, member A [torsin A]) (eg, torsion dystonia), full gene sequence TP53 (tumor protein 53) (eg, tumor samples), targeted sequence analysis of 2-5 exons TTPA (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence TTR (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence TWIST1 (twist homolog 1 [Drosophila]) (eg, Saethre-Chotzen syndrome), full gene sequence TYR (tyrosinase [oculocutaneous albinism IA])							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, oculocutaneous albinism IA), full gene sequence USH1G (Usher syndrome 1G [autosomal recessive]) (eg, Usher syndrome, type 1), full gene sequence VHL (von Hippel-Lindau tumor suppressor) (eg, von Hippel-Lindau familial cancer syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 1C), targeted sequence analysis (eg, exons 26, 27, 37) ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), duplication/deletion analysis ZNF41 (zinc finger protein 41) (eg, X-linked mental retardation 89), full gene sequence							

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81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) ABCD1 (ATP-binding cassette, sub-family D [ALD], member 1) (eg, adrenoleukodystrophy), full gene sequence ACADS (acyl-CoA dehydrogenase, C-2 to C-3 short chain) (eg, short chain acyl-CoA dehydrogenase deficiency), full gene sequence ACTA2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence ACTC1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ANKRD1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence APTX (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence ARSA (arylsulfatase A) (eg, arylsulfatase A deficiency), full gene sequence BCKDHA (branched chain keto acid dehydrogenase E1, alpha polypeptide) (eg, maple syrup urine disease, type 1A), full gene sequence BCS1L (BCS1-like [S. cerevisiae]) (eg, Leigh syndrome, mitochondrial complex III deficiency, GRACILE syndrome), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis CASQ2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence CASR (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis CHRNA4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence CHRNB2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence COX10	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(COX10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence COX15 (COX15 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence CPOX (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence CTRC (chymotrypsin C) (eg, hereditary pancreatitis), full gene sequence CYP11B1 (cytochrome P450, family 11, subfamily B, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP17A1 (cytochrome P450, family 17, subfamily A, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence Cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities (When performing genome-wide cytogenomic constitutional microarray analysis, see 81228, 81229) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis DCX (doublecortin) (eg, X-linked lissencephaly), full gene sequence DES (desmin) (eg, myofibrillar myopathy), full gene sequence DFNB59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence DGUOK (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial DNA depletion syndrome), full gene sequence DHCR7 (7-dehydrocholesterol							

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	reductase) (eg, Smith-Lemli-Opitz syndrome), full gene sequence EIF2B2 (eukaryotic translation initiation factor 2B, subunit 2 beta, 39kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EMD (emerin) (eg, Emery-Dreifuss muscular dystrophy), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), duplication/deletion analysis FGFR1 (fibroblast growth factor receptor 1) (eg, Kallmann syndrome 2), full gene sequence FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence FKTN (fukutin) (eg, limb-girdle muscular dystrophy [LGMD] type 2M or 2L), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), duplication/deletion analysis GABRG2 (gamma-aminobutyric acid [GABA] A receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence GCH1 (GTP cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence GDAP1 (ganglioside-induced differentiation-associated protein 1) (eg, Charcot-Marie-Tooth disease), full gene sequence GFAP (glial fibrillary acidic protein) (eg, Alexander disease), full gene sequence GHR (growth hormone receptor) (eg, Laron syndrome), full gene sequence GHRHR (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence GLA (galactosidase, alpha) (eg, Fabry disease), full gene sequence HNF1A (HNF1 homeobox A) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HNF1B (HNF1 homeobox B) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence HTRA1 (HtrA serine peptidase 1) (eg, macular degeneration), full gene sequence IDS (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type II), full gene							

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	sequence IL2RG (interleukin 2 receptor, gamma) (eg, X-linked severe combined immunodeficiency), full gene sequence ISPD (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, Noonan syndrome), full gene sequence LAMP2 (lysosomal-associated membrane protein 2) (eg, Danon disease), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis MEN1 (multiple endocrine neoplasia I) (eg, multiple endocrine neoplasia type 1, Wermer syndrome), full gene sequence MMAA (methylmalonic aciduria [cobalamine deficiency] type A) (eg, MMAA-related methylmalonic acidemia), full gene sequence MMAB (methylmalonic aciduria [cobalamine deficiency] type B) (eg, MMAA-related methylmalonic acidemia), full gene sequence MPI (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence MPV17 (MpV17 mitochondrial inner membrane protein) (eg, mitochondrial DNA depletion syndrome), full gene sequence MPZ (myelin protein zero) (eg, Charcot-Marie-Tooth), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), duplication/deletion analysis MYL2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYL3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence MYOT (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence NDUFS7 (NADH dehydrogenase [ubiquinone] Fe-S protein 7, 20kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NDUFS8 (NADH dehydrogenase [ubiquinone] Fe-S protein 8, 23kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	deficiency), full gene sequence NDUFV1 (NADH dehydrogenase [ubiquinone] flavoprotein 1, 51kDa) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NEFL (neurofilament, light polypeptide) (eg, Charcot-Marie-Tooth), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis NLGN3 (neuroligin 3) (eg, autism spectrum disorders), full gene sequence NLGN4X (neuroligin 4, X-linked) (eg, autism spectrum disorders), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), deletion analysis, and duplication analysis, if performed NPHS2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), duplication/deletion analysis OTC (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), duplication/deletion analysis PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), duplication/deletion analysis PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis PCDH19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis PDHB (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence PINK1 (PTEN induced putative kinase 1) (eg, Parkinson disease), full gene sequence PKLR (pyruvate kinase, liver and RBC) (eg, pyruvate kinase deficiency), full gene sequence PLP1 (proteolipid protein 1) (eg, Pelizaeus-Merzbacher disease, spastic paraplegia), full gene sequence POU1F1 (POU class 1 homeobox 1) (eg, combined							

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	pituitary hormone deficiency), full gene sequence PRX (periaxin) (eg, Charcot-Marie-Tooth disease), full gene sequence PQBP1 (polyglutamine binding protein 1) (eg, Renpenning syndrome), full gene sequence PSEN1 (presenilin 1) (eg, Alzheimer disease), full gene sequence RAB7A (RAB7A, member RAS oncogene family) (eg, Charcot-Marie-Tooth disease), full gene sequence RAI1 (retinoic acid induced 1) (eg, Smith-Magenis syndrome), full gene sequence REEP1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence RET (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2A and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) RPS19 (ribosomal protein S19) (eg, Diamond-Blackfan anemia), full gene sequence RRM2B (ribonucleotide reductase M2 B [TP53 inducible]) (eg, mitochondrial DNA depletion), full gene sequence SCO1 (SCO cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence SDHB (succinate dehydrogenase complex, subunit B, iron sulfur) (eg, hereditary paraganglioma), full gene sequence SDHC (succinate dehydrogenase complex, subunit C, integral membrane protein, 15kDa) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence SGCA (sarcoglycan, alpha [50kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCB (sarcoglycan, beta [43kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCD (sarcoglycan, delta [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis SGCG (sarcoglycan, gamma [35kDa dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence SHOC2 (soc-2							

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	suppressor of clear homolog) (eg, Noonan-like syndrome with loose anagen hair), full gene sequence SHOX (short stature homeobox) (eg, Langer mesomelic dysplasia), full gene sequence SIL1 (SIL1 homolog, endoplasmic reticulum chaperone [S. cerevisiae]) (eg, ataxia), full gene sequence SLC2A1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [GLUT 1] deficiency syndrome), full gene sequence SLC16A2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, Allan-Herndon-Dudley syndrome), full gene sequence SLC22A5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence SLC25A20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis SPAST (spastin) (eg, spastic paraplegia), duplication/deletion analysis SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis SPRED1 (sprouty-related, EVH1 domain containing 1) (eg, Legius syndrome), full gene sequence STAT3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-IgE syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) STK11 (serine/threonine kinase 11) (eg, Peutz-Jeghers syndrome), full gene sequence SURF1 (surfeit 1) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence TARDBP (TAR DNA binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence TBX5 (T-box 5) (eg, Holt-Oram syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	syndrome), duplication/deletion analysis TGFBR1 (transforming growth factor, beta receptor 1) (eg, Marfan syndrome), full gene sequence TGFBR2 (transforming growth factor, beta receptor 2) (eg, Marfan syndrome), full gene sequence THRB (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons TK2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial DNA depletion syndrome), full gene sequence TNNC1 (troponin C type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence TNNI3 (troponin I, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome, tumor samples), full gene sequence or targeted sequence analysis of >5 exons TPM1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis TYMP (thymidine phosphorylase) (eg, mitochondrial DNA depletion syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease type 2N), targeted sequence analysis (eg, exons 18-20, 23-25) WT1 (Wilms tumor 1) (eg, Denys-Drash syndrome, familial Wilms tumor), full gene sequence ZEB2 (zinc finger E-box binding homeobox 2) (eg, Mowat-Wilson syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) ACADVL (acyl-CoA dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence ACTN4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence AFG3L2 (AFG3 ATPase family gene 3-like 2 [S. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence AIRE (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence ALDH7A1 (aldehyde dehydrogenase 7 family, member A1) (eg, pyridoxine-dependent epilepsy), full gene sequence ANO5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence ANOS1 (anosmin-1) (eg, Kallmann syndrome 1), full gene sequence APP (amyloid beta [A4] precursor protein) (eg, Alzheimer disease), full gene sequence ASS1 (argininosuccinate synthase 1) (eg, citrullinemia type I), full gene sequence ATL1 (atlastin GTPase 1) (eg, spastic paraplegia), full gene sequence ATP1A2 (ATPase, Na+/K+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence ATP7B (ATPase, Cu++ transporting, beta polypeptide) (eg, Wilson disease), full gene sequence BBS1 (Bardet-Biedl syndrome 1) (eg, Bardet-Biedl syndrome), full gene sequence BBS2 (Bardet-Biedl syndrome 2) (eg, Bardet-Biedl syndrome), full gene sequence BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease, type 1B), full gene sequence BEST1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence BMPR2 (bone morphogenetic protein receptor, type II [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence BRAF (B-Raf proto-oncogene,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	serine/threonine kinase) (eg, Noonan syndrome), full gene sequence BSCL2 (Berardinelli-Seip congenital lipodystrophy 2 [seipin]) (eg, Berardinelli-Seip congenital lipodystrophy), full gene sequence BTK (Bruton agammaglobulinemia tyrosine kinase) (eg, X-linked agammaglobulinemia), full gene sequence CACNB2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, Brugada syndrome), full gene sequence CAPN3 (calpain 3) (eg, limb-girdle muscular dystrophy [LGMD] type 2A, calpainopathy), full gene sequence CBS (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence CDH1 (cadherin 1, type 1, E-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence CDKL5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence CLCN1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence CLCNKB (chloride channel, voltage-sensitive Kb) (eg, Bartter syndrome 3 and 4b), full gene sequence CNTNAP2 (contactin-associated protein-like 2) (eg, Pitt-Hopkins-like syndrome 1), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), duplication/deletion analysis CPT1A (carnitine palmitoyltransferase 1A [liver]) (eg, carnitine palmitoyltransferase 1A [CPT1A] deficiency), full gene sequence CRB1 (crumbs homolog 1 [Drosophila]) (eg, Leber congenital amaurosis), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), duplication/deletion analysis Cytogenomic microarray analysis, neoplasia (eg, interrogation of copy number, and loss-of-heterozygosity via single nucleotide polymorphism [SNP]-based comparative genomic hybridization [CGH] microarray analysis) (Do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the cytogenomic microarray							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	analysis for neoplasia) (Do not report 88271 when performing cytogenomic microarray analysis) DBT (dihydrolipoamide branched chain transacylase E2) (eg, maple syrup urine disease, type 2), full gene sequence DLAT (dihydrolipoamide S-acetyltransferase) (eg, pyruvate dehydrogenase E2 deficiency), full gene sequence DLD (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type III), full gene sequence DSC2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence DSG2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence DSP (desmoplakin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 8), full gene sequence EFHC1 (EF-hand domain [C-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence EIF2B3 (eukaryotic translation initiation factor 2B, subunit 3 gamma, 58kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B4 (eukaryotic translation initiation factor 2B, subunit 4 delta, 67kDa) (eg, leukoencephalopathy with vanishing white matter), full gene sequence EIF2B5 (eukaryotic translation initiation factor 2B, subunit 5 epsilon, 82kDa) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence ENG (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence EYA1 (eyes absent homolog 1 [Drosophila]) (eg, branchio-oto-renal [BOR] spectrum disorders), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), duplication/deletion analysis FAH (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence FASTKD2 (FAST kinase domains 2) (eg, mitochondrial respiratory chain complex IV deficiency), full gene sequence FIG4							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(FIG4 homolog, SAC1 lipid phosphatase domain containing [S. cerevisiae]) (eg, Charcot-Marie-Tooth disease), full gene sequence FTSJ1 (FtsJ RNA methyltransferase homolog 1 [E. coli]) (eg, X-linked mental retardation 9), full gene sequence FUS (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence GAA (glucosidase, alpha; acid) (eg, glycogen storage disease type II [Pompe disease]), full gene sequence GALC (galactosylceramidase) (eg, Krabbe disease), full gene sequence GALT (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence GARS (glycyl-tRNA synthetase) (eg, Charcot-Marie-Tooth disease), full gene sequence GCDH (glutaryl-CoA dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence GCK (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [MODY]), full gene sequence GLUD1 (glutamate dehydrogenase 1) (eg, familial hyperinsulinism), full gene sequence GNE (glucosamine [UDP-N-acetyl]-2-epimerase/N-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [IBM2], Nonaka myopathy), full gene sequence GRN (granulin) (eg, frontotemporal dementia), full gene sequence HADHA (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme A dehydrogenase deficiency), full gene sequence HADHB (hydroxyacyl-CoA dehydrogenase/3-ketoacyl-CoA thiolase/enoyl-CoA hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence HEXA (hexosaminidase A, alpha polypeptide) (eg, Tay-Sachs disease), full gene sequence HLCS (HLCS holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence HMBS (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence HNF4A (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [MODY]),							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	full gene sequence IDUA (iduronidase, alpha-L-) (eg, mucopolysaccharidosis type I), full gene sequence INF2 (inverted formin, FH2 and WH2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence IVD (isovaleryl-CoA dehydrogenase) (eg, isovaleric acidemia), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), duplication/deletion analysis JUP (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence KCNH2 (potassium voltage-gated channel, subfamily H [eag-related], member 2) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ1 (potassium voltage-gated channel, KQT-like subfamily, member 1) (eg, short QT syndrome, long QT syndrome), full gene sequence KCNQ2 (potassium voltage-gated channel, KQT-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence LDB3 (LIM domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene sequence LDLR (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence LEPR (leptin receptor) (eg, obesity with hypogonadism), full gene sequence LHCGR (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence LMNA (lamin A/C) (eg, Emery-Dreifuss muscular dystrophy [EDMD1, 2 and 3] limb-girdle muscular dystrophy [LGMD] type 1B, dilated cardiomyopathy [CMD1A], familial partial lipodystrophy [FPLD2]), full gene sequence LRP5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence MAP2K1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence MAP2K2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence MAPT (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence MCCC1 (methylcrotonoyl-CoA carboxylase 1 [alpha]) (eg,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	3-methylcrotonyl-CoA carboxylase deficiency), full gene sequence MCCC2 (methylcrotonoyl-CoA carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence MFN2 (mitofusin 2) (eg, Charcot-Marie-Tooth disease), full gene sequence MTM1 (myotubularin 1) (eg, X-linked centronuclear myopathy), full gene sequence MUT (methylmalonyl CoA mutase) (eg, methylmalonic acidemia), full gene sequence MUTYH (mutY homolog [E. coli]) (eg, MYH-associated polyposis), full gene sequence NDUFS1 (NADH dehydrogenase [ubiquinone] Fe-S protein 1, 75kDa [NADH-coenzyme Q reductase]) (eg, Leigh syndrome, mitochondrial complex I deficiency), full gene sequence NF2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence NOTCH3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [CADASIL]), targeted sequence analysis (eg, exons 1-23) NPC1 (Niemann-Pick disease, type C1) (eg, Niemann-Pick disease), full gene sequence NPHP1 (nephronophthisis 1 [juvenile]) (eg, Joubert syndrome), full gene sequence NSD1 (nuclear receptor binding SET domain protein 1) (eg, Sotos syndrome), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis OPTN (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence PAFAH1B1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kDa]) (eg, lissencephaly, Miller-Dieker syndrome), full gene sequence PAH (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer), full gene sequence PARK2 (Parkinson protein 2, E3 ubiquitin protein ligase [parkin]) (eg, Parkinson disease), full gene sequence PAX2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence PC (pyruvate carboxylase) (eg, pyruvate carboxylase							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	deficiency), full gene sequence PCCA (propionyl CoA carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence PCCB (propionyl CoA carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome type 1F), duplication/deletion analysis PCSK9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence PDHA1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence PDHX (pyruvate dehydrogenase complex, component X) (eg, lactic acidosis), full gene sequence PHEX (phosphate-regulating endopeptidase homolog, X-linked) (eg, hypophosphatemic rickets), full gene sequence PKD2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PKP2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence PNKD (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence POLG (polymerase [DNA directed], gamma) (eg, Alpers-Huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence POMGNT1 (protein O-linked mannose beta1,2-N acetylglucosaminyltransferase) (eg, muscle-eye-brain disease, Walker-Warburg syndrome), full gene sequence POMT1 (protein-O-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [LGMD] type 2K, Walker-Warburg syndrome), full gene sequence POMT2 (protein-O-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [LGMD] type 2N, Walker-Warburg syndrome), full gene sequence PPOX (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence PRKAG2 (protein kinase, AMP-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with Wolff-Parkinson-White syndrome, lethal							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	congenital glycogen storage disease of heart), full gene sequence PRKCG (protein kinase C, gamma) (eg, spinocerebellar ataxia), full gene sequence PSEN2 (presenilin 2 [Alzheimer disease 4]) (eg, Alzheimer disease), full gene sequence PTPN11 (protein tyrosine phosphatase, non-receptor type 11) (eg, Noonan syndrome, LEOPARD syndrome), full gene sequence PYGM (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type V, McArdle disease), full gene sequence RAF1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, LEOPARD syndrome), full gene sequence RET (ret proto-oncogene) (eg, Hirschsprung disease), full gene sequence RPE65 (retinal pigment epithelium-specific protein 65kDa) (eg, retinitis pigmentosa, Leber congenital amaurosis), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations SCN4A (sodium channel, voltage-gated, type IV, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence SCNN1A (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence SCNN1B (sodium channel, nonvoltage-gated 1, beta) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SCNN1G (sodium channel, nonvoltage-gated 1, gamma) (eg, Liddle syndrome, pseudohypoaldosteronism), full gene sequence SDHA (succinate dehydrogenase complex, subunit A, flavoprotein [Fp]) (eg, Leigh syndrome, mitochondrial complex II deficiency), full gene sequence SETX (senataxin) (eg, ataxia), full gene sequence SGCE (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence SH3TC2 (SH3 domain and tetratricopeptide repeats 2) (eg, Charcot-Marie-Tooth disease), full gene sequence SLC9A6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, Christianson syndrome), full gene sequence SLC26A4 (solute carrier family 26, member 4)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, Pendred syndrome), full gene sequence SLC37A4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type Ib), full gene sequence SMAD4 (SMAD family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence SOS1 (son of sevenless homolog 1) (eg, Noonan syndrome, gingival fibromatosis), full gene sequence SPAST (spastin) (eg, spastic paraplegia), full gene sequence SPG7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence STXBP1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence TAZ (tafazzin) (eg, methylglutaconic aciduria type 2, Barth syndrome), full gene sequence TCF4 (transcription factor 4) (eg, Pitt-Hopkins syndrome), full gene sequence TH (tyrosine hydroxylase) (eg, Segawa syndrome), full gene sequence TMEM43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence TNNT2 (troponin T, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence TRPC6 (transient receptor potential cation channel, subfamily C, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence TSC1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis UBE3A (ubiquitin protein ligase E3A) (eg, Angelman syndrome), full gene sequence UMOD (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence VWF (von Willebrand factor) (von Willebrand disease type 2A), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) WAS (Wiskott-Aldrich syndrome [eczema-thrombocytopenia]) (eg, Wiskott-Aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) ABCC8 (ATP-binding cassette, sub-family C [CFTR/MRP], member 8) (eg, familial hyperinsulinism), full gene sequence AGL (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type III), full gene sequence AHI1 (Abelson helper integration site 1) (eg, Joubert syndrome), full gene sequence ASPM (asp [abnormal spindle] homolog, microcephaly associated [Drosophila]) (eg, primary microcephaly), full gene sequence CHD7 (chromodomain helicase DNA binding protein 7) (eg, CHARGE syndrome), full gene sequence COL4A4 (collagen, type IV, alpha 4) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), duplication/deletion analysis COL6A1 (collagen, type VI, alpha 1) (eg, collagen type VI-related disorders), full gene sequence COL6A2 (collagen, type VI, alpha 2) (eg, collagen type VI-related disorders), full gene sequence COL6A3 (collagen, type VI, alpha 3) (eg, collagen type VI-related disorders), full gene sequence CREBBP (CREB binding protein) (eg, Rubinstein-Taybi syndrome), full gene sequence F8 (coagulation factor VIII) (eg, hemophilia A), full gene sequence JAG1 (jagged 1) (eg, Alagille syndrome), full gene sequence KDM5C (lysine [K]-specific demethylase 5C) (eg, X-linked mental retardation), full gene sequence KIAA0196 (KIAA0196) (eg, spastic paraplegia), full gene sequence L1CAM (L1 cell adhesion molecule) (eg, MASA syndrome, X-linked hydrocephaly), full gene sequence LAMB2 (laminin, beta 2 [laminin S]) (eg, Pierson syndrome), full gene sequence MYBPC3 (myosin binding protein C, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sequence MYH6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full gene sequence MYH7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, Liang distal myopathy), full gene sequence MYO7A (myosin VIIA) (eg, Usher syndrome, type 1), full gene sequence NOTCH1 (notch 1) (eg, aortic valve disease), full gene sequence NPHS1 (nephrosis 1, congenital, Finnish type [nephrin]) (eg, congenital Finnish nephrosis), full gene sequence OPA1 (optic atrophy 1) (eg, optic atrophy), full gene sequence PCDH15 (protocadherin-related 15) (eg, Usher syndrome, type 1), full gene sequence PKD1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence PLCE1 (phospholipase C, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence SCN5A (sodium channel, voltage-gated, type V, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence SLC12A1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, Bartter syndrome), full gene sequence SLC12A3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, Gitelman syndrome), full gene sequence SPG11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence SPTBN2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence TMEM67 (transmembrane protein 67) (eg, Joubert syndrome), full gene sequence TSC2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence USH1C (Usher syndrome 1C [autosomal recessive, severe]) (eg, Usher syndrome, type 1), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), duplication/deletion analysis WDR62 (WD repeat domain 62) (eg,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	primary autosomal recessive microcephaly), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, Stargardt disease, age-related macular degeneration), full gene sequence ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence CDH23 (cadherin-related 23) (eg, Usher syndrome, type 1), full gene sequence CEP290 (centrosomal protein 290kDa) (eg, Joubert syndrome), full gene sequence COL1A1 (collagen, type I, alpha 1) (eg, osteogenesis imperfecta, type I), full gene sequence COL1A2 (collagen, type I, alpha 2) (eg, osteogenesis imperfecta, type I), full gene sequence COL4A1 (collagen, type IV, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence COL4A3 (collagen, type IV, alpha 3 [Goodpasture antigen]) (eg, Alport syndrome), full gene sequence COL4A5 (collagen, type IV, alpha 5) (eg, Alport syndrome), full gene sequence DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy), full gene sequence DYSF (dysferlin, limb girdle muscular dystrophy 2B [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence ITPR1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence LAMA2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence LRRK2 (leucine-rich repeat kinase 2) (eg, Parkinson disease), full gene sequence MYH11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence NEB (nebulin) (eg, nemaline myopathy 2), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence PKHD1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence RYR1 (ryanodine receptor 1, skeletal)	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	(eg, malignant hyperthermia), full gene sequence RYR2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons USH2A (Usher syndrome 2A [autosomal recessive, mild]) (eg, Usher syndrome, type 2), full gene sequence VPS13B (vacuolar protein sorting 13 homolog B [yeast]) (eg, Cohen syndrome), full gene sequence VWF (von Willebrand factor) (eg, von Willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	October 2021	Review utilization in 3 years (2018) and survey if utilization has increased significantly.	☐
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016	October 2019		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011	April 2015	Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	☑
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Apr 2010	Diabetic Retinopathy Imaging	24	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	October 2019		☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	October 2022		☐
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020		☐
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	October 2022		☐
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95X01		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X02		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X03		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X04		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X05		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X06		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X07		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95X08		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X09		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X10		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X11		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X12		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X13		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X14		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X15		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X16		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X17		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X18		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X19		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X20		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X21		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X22		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
95X23		Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	CPT 2023		☐
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	October 2020		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	October 2021	In October 2018, RUC recommended to review again after 3 more years of data (2021).	☐
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98X00		Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	CPT 2023		☐
98X01		Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	CPT 2023		☐
98X02		Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	October 2022		☐
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		☐
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2022		☐
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	October 2023		☐
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	Oct 2012	Complex Chronic Care Coordination Services	9	CPT 2013	October 2020	Review in 3 years (October 2020)	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2014	Chronic Care Management	28	CPT 2015	October 2020	Review in 3 years (October 2020)	☐
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	Apr 2017	Chronic Care Management Services	09	CPT 2019	October 2022		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	October 2021		☐

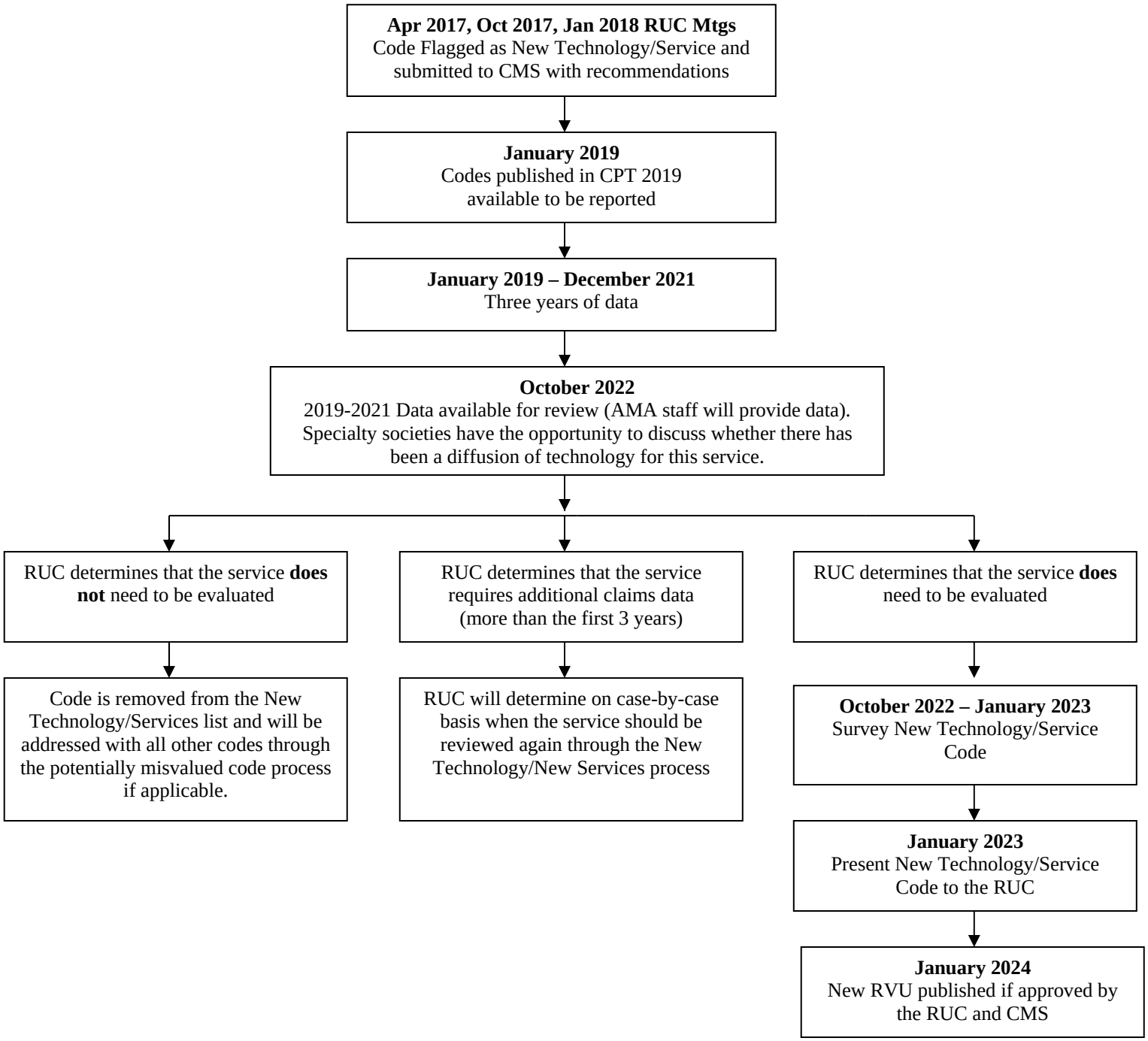
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	October 2019	Review in 2 years (October 2019)	☐
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	October 2019	Review in 2 years (October 2019)	☐
994X0		Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	CPT 2023		☐
99X02		Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	CPT 2023		☐
9X0X1		Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	CPT 2023		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9X0X2		Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	CPT 2023		☐
9X0X3		Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	CPT 2023		☐
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised May 2017

Society	Acronym
Academy of Nutrition and Dietetics	ANDi
Academy of Physicians in Clinical Research	APCR
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Audiology	AAA
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Dermatology	AAD
American Academy of Disability Evaluating Physicians	AADEP
American Academy of Facial Plastic and Reconstructive Surgery	AAFPRS
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM

American Academy of Pediatrics	AAP
American Academy of Physical Medicine & Rehabilitation	AAPMR
American Association of Clinical Endocrinologists	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Hip and Knee Surgeons	AAHKS
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Oral and Maxillofacial Surgeons	AAOMS
American Association of Plastic Surgeons	AAPS
American Association of Thoracic Surgery	AATS
American Burn Association	ABA
American Chiropractic Association	ACA
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Ashma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG

American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Occupational and Environmental Medicine	ACOEM
American College of Phlebology	ACPh
American College of Physicians	ACP
American College of Preventive Medicine	ACPM
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Congress of Obstetricians and Gynecologists	ACOG
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Institute of Ultrasound in Medicine	AIUM
American Medical Association	AMA
American Medical Women's Association	AMWA

American Nurses Association	ANA
American Occupational Therapy Association	AOTA
American Optometric Association	AOA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Physical Therapy Association	APTA
American Podiatric Medical Association	APMA
American Psychiatric Association	APA
American Psychological Association	APA
American Roentgen Ray Society	ARRS
American Society for Aesthetic Plastic Surgery	ASAPS
American Society for Blood and Marrow Transplantation	ASBMT
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM

American Society for Surgery of the Hand	ASSH
American Society of Abdominal Surgeons	ASAS
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Maxillofacial Surgeons	ASMS
American Society of Neuroimaging	ASN
American Society of Neuroradiology	ASNR
American Society of Plastic Surgeons	ASPS
American Society of Retina Specialists	ASRS

American Society of Transplant Surgeons	ASTS
American Speech-Language-Hearing Association	ASHA
American Thoracic Society	ATS
American Urological Association	AUA
Association of University Radiologists	AUR
Association of University Radiologists	AUR
Centers for Medicare and Medicaid Services	CMS
Contractor Medical Directors	CMD
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Contact Lens Association of Ophthalmologists	CLAO
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Society for the Advancement of Spine Surgery	ISASS
Medical Group Management Association	MGMA
MedPAC	MedPAC
National Association of Social Workers	NASW
North American Spine Society	NASS

Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Critical Care Medicine	SCCM
Society of Interventional Radiology	SIR
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Endocrine Society	ES
The Society for Cardiovascular Angiography and Interventions	SCAI
The Spine Intervention Society	SIS
The Triological Society	TTS
Underseas and Hyperbaric Medical Society	UHMS

CPT Code	Mod	2019 Short Desc	2018 Work RVUs	2019 Work RVUs	% Change - Work RVU	2018 Mal-Practice RVUs	2019 Mal-Practice RVUs	Change In PLI RVU	% Change - PLI	CY2018 Low Volume Override	CY2019 Low Volume Override	Same Specialty both years?	2017 Medicare Utilization	2012 Medicaid Utilization
61607		Resect/excise cranial lesion	40.93	40.93	0%	16.51	10.59	-5.92	-36%	NEUROSURGERY	NEUROSURGERY	Yes	91	50
61526		Removal of brain lesion	54.08	54.08	0%	21.42	15.61	-5.81	-27%	NEUROSURGERY	NEUROSURGERY	Yes	98	29
63197		Incise spine&cord 2 trx thrc	24.08	24.08	0%	9.85	5.85	-4.00	-41%	NEUROSURGERY	NEUROSURGERY	Yes	1	2
63182		Revise spinal cord ligaments	22.82	22.82	0%	9.35	5.55	-3.80	-41%	NEUROSURGERY	NEUROSURGERY	Yes	1	2
62121		Incise skull repair	23.03	23.03	0%	9.42	5.72	-3.70	-39%	NEUROSURGERY	NEUROSURGERY	Yes	149	47
61559		Excision of skull/sutures	34.02	34.02	0%	13.85	10.26	-3.59	-26%	NEUROSURGERY	NEUROSURGERY	Yes	1	910
22861		Revise cerv artific disc	33.36	33.36	0%	13.59	10.47	-3.12	-23%	NEUROSURGERY	NEUROSURGERY	Yes	5	4
63303		Remov vert xdrl bdy lmbr/sac	33.55	33.55	0%	13.66	10.67	-2.99	-22%	NEUROSURGERY	NEUROSURGERY	Yes	57	26
43314		Tracheo-esophagoplasty cong	53.43	53.43	0%	12.49	9.76	-2.73	-22%	THORACIC SURGERY	THORACIC SURGERY	Yes	1	616
61705		Revise circulation to head	38.10	38.10	0%	15.44	12.75	-2.69	-17%	NEUROSURGERY	NEUROSURGERY	Yes	3	578
61550		Release of skull seams	15.59	15.59	0%	6.41	3.79	-2.62	-41%	NEUROSURGERY	NEUROSURGERY	Yes	1	329
63050		Cervical laminoplsty 2/> seg	22.01	22.01	0%	9.03	6.55	-2.48	-27%	NEUROSURGERY	NEUROSURGERY	Yes	95	417
43855		Revise stomach-bowel fusion	28.69	28.69	0%	6.88	4.52	-2.36	-34%	GENERAL SURGERY	GENERAL SURGERY	Yes	1	-
64792		Removal of nerve lesion	15.86	15.86	0%	6.51	4.19	-2.32	-36%	NEUROSURGERY	NEUROSURGERY	Yes	92	154
33732		Repair heart-vein defect	28.96	28.96	0%	6.79	4.49	-2.30	-34%	CARDIAC SURGERY	CARDIAC SURGERY	Yes	1	44
33780		Repair great vessels defect	43.90	43.90	0%	10.29	8.01	-2.28	-22%	CARDIAC SURGERY	CARDIAC SURGERY	Yes	1	99
63706		Repair of spinal herniation	25.35	25.35	0%	10.39	8.20	-2.19	-21%	NEUROSURGERY	NEUROSURGERY	Yes	3	126
61567		Incision of brain tissue	37.00	37.00	0%	15.00	12.96	-2.04	-14%	NEUROSURGERY	NEUROSURGERY	Yes	5	11
35515		Art byp grft subclav-vertbrl	26.09	26.09	0%	5.97	3.96	-2.01	-34%	VASCULAR SURGERY	VASCULAR SURGERY	Yes	1	-
61543		Removal of brain tissue	31.31	31.31	0%	12.77	10.77	-2.00	-16%	NEUROSURGERY	NEUROSURGERY	Yes	4	46

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC HCPAC RECOMMENDATIONS FOR CPT 2020
January 2019 Meeting

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AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

February 5, 2019

Seema Verma
Administrator
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Recommendations

Dear Ms. Verma:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare and Medicaid Services (CMS). These recommendations relate to new and revised codes for CPT 2020, as well as to existing services identified by the RUC's Relativity Assessment Workgroup and CMS. At the January 2019 meeting, the following issues were reviewed by the HCPAC:

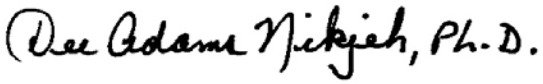
Trigger Point Dry Needling (20560 & 20561)
Cognitive Function Intervention (97129 & 97130)
Online Digital Evaluation Service (e-Visit) (HCPAC – 98970, 98971, 98972)
Health and Behavior Assessment and Intervention (96156, 96158-159, 96164-165, 96167-168, 96170-171)
Ultrasonic Wound Assessment (97610)

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2020 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Samantha Ashley (ph: 312-464-4720; email: samantha.ashley@ama-aassn.org) at the AMA for clarification regarding these recommendations.

Sincerely,



Michael D. Bishop, MD
HCPAC Chair



Dee Adams Nikjeh, PhD, CCC-SLP
HCPAC Co-Chair

cc: HCPAC Participants
Edith Hambrick, MD
Gift Tee
Karen Nakano, MD
Marge Watchorn
Michael Soracoe

CPT 2020 HCPAC Recommendations - January 2019

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
205X1	XXX	N	Sept 2018	44/45	Trigger Point Acupuncture/ Dry Needling	N1	January 2019	HCPAC	ACA, AAPM&R, APTA, NASS	0.45	0.45		☑		☑
205X2	XXX	N	Sept 2018	44/45	Trigger Point Acupuncture/ Dry Needling	N2	January 2019	HCPAC	ACA, AAPM&R, APTA, NASS	0.60	0.60		☑		☑
96150	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96151	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96152	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96153	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96154	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96155	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
961X0	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z1	January 2019	HCPAC	APA	2.10	2.10		☑		☐
961X1	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z2	January 2019	HCPAC	APA	1.45	1.45		☑		☐
961X2	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z3	January 2019	HCPAC	APA	0.54	0.50		☑		☐
961X3	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z4	January 2019	HCPAC	APA	0.21	0.21		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
961X4	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z5	January 2019	HCPAC	APA	0.10	0.10		☑		☐
961X5	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z6	January 2019	HCPAC	APA	1.55	1.55		☑		☐
961X6	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z7	January 2019	HCPAC	APA	0.60	0.55		☑		☐
961X7	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z8	January 2019	HCPAC	APA	1.50	1.50		☑		☐
961X8	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z9	January 2019	HCPAC	APA	0.59	0.54		☑		☐
97127	XXX	R	Sept 2018	43	Cognitive Function Intervention	AA1	January 2019	HCPAC	APA, ASHA	0.50	0.50		☑		☐
98X00	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD4	January 2019	HCPAC	AGS, AAP, AND, ACP	0.25	0.25		☑		☑
98X01	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD5	January 2019	HCPAC	AGS, AAP, AND, ACP	0.50	0.50		☑		☑
98X02	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD6	January 2019	HCPAC	AGS, AAP, AND, ACP	0.80	0.80		☑		☑
9XXX0	ZZZ	N	Sept 2018	43	Cognitive Function Intervention	AA2	January 2019	HCPAC	APA, ASHA	0.48	0.48		☑		☐

CPT 2020 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
205X1	XXX	N	Sept 2018	44/45	Trigger Point Acupuncture/ Dry Needling	N1	January 2019	HCPAC	ACA, AAPM&R, APTA, NASS	0.45	0.45		☑		☑
205X2	XXX	N	Sept 2018	44/45	Trigger Point Acupuncture/ Dry Needling	N2	January 2019	HCPAC	ACA, AAPM&R, APTA, NASS	0.60	0.60		☑		☑
92626	XXX	R	May 2018	34	Auditory Function Evaluation	L1	October 2018	HCPAC	AAA, ASHA	1.40	1.40	Yes	☑		☐
92627	ZZZ	R	May 2018	34	Auditory Function Evaluation	L2	October 2018	HCPAC	AAA, ASHA	0.33	0.33	Yes	☑		☐
96150	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96151	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96152	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96153	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96154	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
96155	XXX	D	Sept 2018	40	Health and Behavior Assessment Intervention		January 2019	HCPAC					☑		☐
961X0	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z1	January 2019	HCPAC	APA	2.10	2.10		☑		☐
961X1	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z2	January 2019	HCPAC	APA	1.45	1.45		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
961X2	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z3	January 2019	HCPAC	APA	0.54	0.50		☑		☐
961X3	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z4	January 2019	HCPAC	APA	0.21	0.21		☑		☐
961X4	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z5	January 2019	HCPAC	APA	0.10	0.10		☑		☐
961X5	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z6	January 2019	HCPAC	APA	1.55	1.55		☑		☐
961X6	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z7	January 2019	HCPAC	APA	0.60	0.55		☑		☐
961X7	XXX	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z8	January 2019	HCPAC	APA	1.50	1.50		☑		☐
961X8	ZZZ	N	Sept 2018	40	Health and Behavior Assessment Intervention	Z9	January 2019	HCPAC	APA	0.59	0.54		☑		☐
97127	XXX	R	Sept 2018	43	Cognitive Function Intervention	AA1	January 2019	HCPAC	APA, ASHA	0.50	0.50		☑		☐
98X00	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD4	January 2019	HCPAC	AGS, AAP, AND, ACP	0.25	0.25		☑		☑
98X01	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD5	January 2019	HCPAC	AGS, AAP, AND, ACP	0.50	0.50		☑		☑
98X02	XXX	N	Sept 2018	06	Online Digital Evaluation Service (e-Visit)	DD6	January 2019	HCPAC	AGS, AAP, AND, ACP	0.80	0.80		☑		☑
9XXX0	ZZZ	N	Sept 2018	43	Cognitive Function Intervention	AA2	January 2019	HCPAC	APA, ASHA	0.48	0.48		☑		☐

HCPAC Recommendations for CMS Requests & Relativity Assessment Identified Codes January 2019

CPT Code	2019 Long Descriptor	Issue 1	Tab	RUC Recommendation	New Technology/ New Services
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Ultrasonic Wound Assessment	41e	0.40	X

AMA/Specialty Society RVS Update Committee
Health Care Professionals Advisory Committee Review Board Summary of Recommendations

January 2019

Trigger Point Dry Needling – Tab 41

For CPT 2020, the CPT Editorial Panel approved two new codes to report dry needling of musculature trigger points. This technique represents an alternative to pain medication and/or surgery for myofascial pain.

20560 Needle insertion(s) without injection(s), 1 or 2 muscle(s)
The Health Care Professionals Advisory Committee (HCPAC) Review Board reviewed the survey results from 115 physical therapists and chiropractors for new CPT code 20560 and determined that the proposed work RVU of 0.45, the survey 25th percentile, appropriately accounts for the work required to perform this service. The HCPAC recommends 3 minutes of pre-service time, 10 minutes intra-service time and 3 minutes immediate post-service time. Pre-service and post-service times were reduced to 3 minutes from the survey median times to account for overlap in work if other treatment(s)s are performed on the same date. Typically, one additional treatment will occur, for example, 20560 plus 97140. With respect to pre-service work, reviewing the patient chart will not be repeated, but code 20560 has work distinctly related to the invasive service. With respect to post-service work, 20560 will require separate distinct documentation of the service and different patient instructions on home care. The HCPAC agreed that the pre- and post-service time of 3 minutes each did not duplicate the work of another service that may be performed at the same session.

The HCPAC compared the survey code to key reference service CPT code 97140 *Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes* (work RVU = 0.43, 2 minutes pre-service, 15 minutes intra-service and 2 minutes post-service time) and agreed that the survey code is more intense and complex to perform, especially requiring more mental effort, judgement and physiological stress, which justifies a higher work value even with less intra-service time. The HCPAC also compared the survey code to MPC code 93923 *Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)* (work RVU = 0.45, 3 minutes pre-service, 15 minutes intra-service and 3 minutes post-service time) and agreed that the time required to perform both services are identical and should be valued identically. **The HCPAC recommends a work RVU of 0.45 for CPT code 20560.**

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20561 Needle insertion(s) without injection(s), 3 or more muscles
The HCPAC reviewed the survey results from 115 physical therapists and chiropractors for new CPT code 20561 and determined that the proposed work RVU of 0.60, the survey 25th percentile, appropriately accounts for the work required to perform this service. The HCPAC recommends 3 minutes of pre-evaluation time, 15 minutes intra-service time and 3 minutes immediate post-service time. Pre-service and post-service times were reduced to 3 minutes from the survey median times to account for overlap in work if other treatment(s)s are performed on the same date. Typically, one additional treatment will occur, for example, 20561 plus 97140. With respect to pre-service work, reviewing the patient chart will not be repeated, but code 20561 has work distinctly related to the invasive service. With respect to post-service work, 20561 will require separate distinct documentation of the service and different patient instructions on home care. The HCPAC agreed that the pre- and post-time of 3 minutes each did not duplicate the work of another service that may be performed at the same session.

The HCPAC compared the survey code to key reference service CPT code 97810 *Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient* (work RVU = 0.60, 3 minutes pre-service, 15 minutes intra-service and 3 minutes post-service time) and agreed that the time required to perform both services are identical and should be valued identically. **The HCPAC recommends a work RVU of 0.60 for CPT code 20561.**

New Technology/New Services
The HCPAC recommends that CPT codes 20560 and 20561 be placed on the New Technology list and be re-reviewed by the HCPAC in three years to ensure correct valuation and utilization assumptions.

Practice Expense
The PE Subcommittee reduced the number of needles based on the typical patient for 20561 and replaced the exam table (EF023) with the hi-lo treatment table (EF033) because it is typical for a physical therapy office. **The HCPAC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Musculoskeletal **Introduction or Removal**				
20552		*Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)*		
20553		*single or multiple trigger point(s), 3 or more muscles*		
		(Do not report 20552, 20553 in conjunction with 20560, 20561 for the same muscle[s])		
		(If imaging guidance is performed, see 76942, 77002, 77021)		
●20560	N1	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	0.45
●20561	N2	3 or more muscles	XXX	0.60
Physical Medicine and Rehabilitation				
A manner of effecting change through the application of clinical skills and/or services that attempt to improve function.				
Physician or other qualified health care professional (ie, therapist) required to have direct (one-on-one) patient contact.				
97140		*Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes*		
		(For needle insertion[s] without injection[s] [eg, dry needling, trigger point acupuncture], see 20560, 20561)		
Medicine **Acupuncture**				
Acupuncture is reported based on 15-minute increments of personal (face-to-face) contact with the patient, not the duration of acupuncture needle(s) placement.				
If no electrical stimulation is used during a 15-minute…				
Only one code may be reported for each 15-minute increment…				
Evaluation and management services may be reported in addition to acupuncture procedures…				
For needle insertion(s) without injection(s) (eg, dry needling, trigger point acupuncture), see 20560, 20561.				

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97810	*Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient*
	(Do not report 97810 in conjunction with 97813)
+97811	*without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)*
	(Use 97811 in conjunction with 97810, 97813)
97813	*with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient*
	(*Do not report 97813 in conjunction with 97810)*
+97814	*with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)*
	(Use 97814 in conjunction with 97810, 97813)
	(Do not report 97810, 97811, 97813, 97814 in conjunction with 20560, 20561. When both time-based acupuncture services and needle insertion[s] without injection[s] are performed, report only the time-based acupuncture codes)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20560 Tracking Number N1 Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.45**

CPT Descriptor: Needle insertion(s) without injection(s), 1 or 2 muscle(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 38-year-old female presents with diffuse right shoulder myofascial pain.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient chart and update with any new problems that may have arisen since the previous visit. Position patient and inspect area to be treated. Document as applicable location, color, texture, temperature, vascularity, and size and depth of the area to be targeted for needling. Palpate and mark the identified trigger points within the right shoulder musculature (eg, Supraspinatus and Teres Minor). Verify all required supplies are available. Cleanse the skin and site(s) to be needled.

Description of Intra-Service Work: The provider palpates and locates the trigger points to be needled. The first muscle is secured between the fingers of the non-needling hand. Sterile, single use, solid filament needles, varying from 32-38 gauge and 25-100 mm in length, are inserted at various depths and angles to achieve the desired result of releasing tight tissue, improving microcirculation and removing neuro-noxious chemicals. Interactive reassessments are made throughout the procedure, noting needle fibrillation, local twitch response, and/or reproduction of symptoms including but not limited to achiness, burning and electricity. This process is repeated for each additional muscle to be treated. The needles are withdrawn and pressure (hemostasis) is applied directly to the skin over the needle insertion site.

Description of Post-Service Work: Apply an appropriate dressing(s), if needed. Document procedure and subjective and objective assessments. Instruct patient and/or caregiver on appropriate home care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Richard Rausch, PT, DPT, MBA; Anthony Hamm, DC		
Specialty Society(ies):	APTA, ACA		
CPT Code:	20560		
Sample Size:	6425	**Resp N:** 115	**Response:** 1.7 %
Description of Sample:	random sample from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**100.00**	250.00	1000.00
Survey RVW:	0.19	0.45	**0.55**	0.60	1.25
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	7.00	**10.00**	14.00	60.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	20560	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97140	XXX	0.43	**RUC Time**

CPT Descriptor Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97810	XXX	0.60	**RUC Time**

CPT Descriptor Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93923	XXX	0.45	**RUC Time**	463,973

CPT Descriptor 1 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	2,943,051

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

Other Reference CPT Code	Global	Work RVU	Time Source
98940	000	0.46	**RUC Time**

CPT Descriptor Chiropractic manipulative treatment (CMT); spinal, 1-2 regions

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 50 **% of respondents:** 43.4 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 22.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 20560	**Top Key Reference CPT Code:** 97140	**2nd Key Reference CPT Code:** **97810**
Median Pre-Service Time	3.00	2.00	3.00
Median Intra-Service Time	10.00	15.00	15.00
Median Immediate Post-service Time	3.00	2.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**16.00**	**19.00**	**21.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	25%	50%	16%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed	4%	26%	70%

and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	4%	30%	66%
Physical effort required	74%	16%	10%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	10%	84%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	46%	35%	12%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	42%	46%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	46%	46%
Physical effort required	12%	81%	8%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	42%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2020, two new codes were approved to report dry needling of musculature trigger points. This technique represents an alternative to pain medication and/or surgery for myofascial pain. The American Physical Therapy Association and the American Chiropractic Association conducted RUC surveys for these two new codes.

Recommendation

20560: We recommend the survey 25th percentile work RVU 0.45 and pre/intra/post times = 3/10/3
20561: We recommend the survey 25th percentile work RVU 0.60 and pre/intra/post times = 3/15/3

Pre- and Post-service Time

Pre-service and post-service times have been reduced to 3 minutes from the survey median time to account for overlap in work if other treatment(s)s are performed on the same date. Typically one additional treatment will occur, for example, 20560 (or 20561) plus 97140.

With respect to pre-service work, reviewing the patient chart will not be repeated, but each code has work distinctly related to the service. For example, the following pre-service work for 20560 or 20561) is distinctly different than the preservice work for 97140: *Position patient and inspect area to be treated. Document as applicable location, color, texture, temperature, vascularity, and size and depth of the area to be targeted for needling. Palpate and mark the identified trigger points within the right shoulder musculature (eg, Supraspinatus and Teres Minor). Verify all required supplies are available. Cleanse the skin and site(s) to be needled.*

With respect to post-service work, each procedure will require separate distinct documentation of the service and different patient instructions on home care.

Comparison to KRS 97140

The specialties agree that invasive trigger point dry needling is more intense than non-invasive manual therapy and patient therapy technique education. This is supported by the survey intensity / complexity measures that show all measures significantly greater except for *physical effort required*. The recommended work RVUs correctly rank the intraservice work.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3	**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3	**15**	3
2017	**97140**	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	XXX	**0.43**	0.023	**19**	2	**15**	2

Comparison to KRS 97810

The specialties agree that the intensity / complexity is similar to code 97810. This is supported by the survey intensity / complexity measures.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3	**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3	**15**	3
2005	**97810**	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	XXX	**0.60**	0.031	**21**	3	**15**	3

Comparison to MPC Codes

The recommend work RVUs, time and resulting IWPUT compare well with respective MPC codes for each survey code.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
2010	**93923**	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels…..	XXX	**0.45**	0.032	16	3	**10**	3
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	16	3	**10**	3
2012	**92083**	Visual field examination, unilateral/ bilateral, with interpretation & report; extended examination …	XXX	**0.50**	0.043	13	3	**10**	0

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
2007	**99407**	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	XXX	**0.50**	0.033	15		15	
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	21	3	15	3
2006	**99213**	Office or other outpatient visit for the evaluation and management of an established patient, …Typically, 15 minutes are spent face-to-face with the patient and/or family.	XXX	**0.97**	0.053	23	3	15	5

Comparison to Other Codes 20552, 20553

Codes 20560 and 20561 (trigger point dry needling) can also be compared to codes 20552 and 20553 (trigger point injection) as demonstrated by the intraservice descriptions as shown in the table below. Codes 20560 and 20561 use the mechanics of needling instead of an injectate which would represent increased intensity related to possible side effects from the medication.

20560 (and 20561)	20552 (and 20553) DOW
The provider palpates and locates the trigger points to be needled. The first muscle is secured between the fingers of the non-needling hand. Sterile, single use, solid filament needles, varying from 32-38 gauge and 25-100 mm in length, are inserted at various depths and angles to achieve the desired result of releasing tight tissue, improving microcirculation and removing neuro-noxious chemicals. Interactive reassessments are made throughout the procedure, noting needle fibrillation, local twitch response, and/or reproduction of symptoms including but not limited to achiness, burning and electricity. This process is repeated for each additional muscle to be treated. The needles are withdrawn and pressure (hemostasis) is applied directly to the skin over the needle insertion site.	*After identifying the trigger point in the multifidus muscle left of the L5 spinous process by palpation, insert needle through the skin into the muscle. Advance the needle a short distance, about 2 cm to 4 cm, observing for any complaints of paresthesias but searching for the area of maximum tenderness. If any complaints or paresthesias are encountered, withdraw the needle slightly until the complaints stop. Infiltrate the injectant solution in a fanwise method into the trigger point after aspiration is negative for blood.*

We also believe the work RVU recommendations for 20560 and 20561 are correctly ranked relative to 20552 and 20553.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	POSIT	SDW	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3			**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3			**15**	3
2016	**20552**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	000	**0.66**	0.075	**21**	5	1	5	**5**	5
2016	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscles	000	**0.75**	0.044	**27**	5	2	5	**10**	5

Comparison to Other Codes 98940, 98941

Codes 20560 and 20561 (dry needling, 1-2 and 3+ muscles) compare well to codes 98940 and 98941 (CMT, 1-2 regions and 3-4 regions). We believe the work RVU recommendations for 20560 and 20561 are correctly ranked relative to 98940 and 98941.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3	**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3	**15**	3
2012	**98940**	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	000	**0.46**	0.040	15	4	7	4
2012	**98941**	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	000	**0.71**	0.049	20	5	10	5

Summary

The APTA and ACA Advisors reviewed the survey data and **recommend the survey 25th percentile work RVU of 0.45 for 20560 and 0.60 for 20561**. These values compare well with the key reference codes, MPC codes and other similar code pairs 20552, 20553 and 98940, 98941.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
CPT instructs that dry needling should be reported with 20999 Unlisted procedure, musculoskeletal system, general

See supplemental files submitted: CPT Assistant September 2003, CPT Assistant October 2014, CPT Knowledge Base January 2010

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy How often? Sometimes

Specialty chiropractor How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
100,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This service is currently not paid by Medicare as it has been considered experimental. Literature has proven it is no longer evolving or experimental and a Cat I code has been approved. We estimate Medicare utilization of 100,000, however we believe that this utilization will replace other techniques that providers (eg, physical therapists, chiropractors, physicians, QHPs) currently use for myofascial pain and not necessarily increase the overall number of claims for therapy (eg, trigger point injection) related to myofascial pain.

Specialty physical therapy Frequency 50000 Percentage 50.00 %

Specialty chiropractor Frequency 25000 Percentage 25.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97116

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20561 Tracking Number N2 Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.60**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.60**

CPT Descriptor: Needle insertion(s) without injection(s), 3 or more muscle(s)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 38-year-old female presents with neck pain, muscle tension headaches and diffuse right shoulder myofascial pain.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient chart and update with any new problems that may have arisen since the previous visit. Position patient and inspect area to be treated. Document as applicable location, color, texture, temperature, vascularity, and size and depth of the area to be targeted for needling. Palpate and mark the identified trigger points within the right shoulder (right supraspinatus and right teres minor) and cervical spine (right suboccipital and right upper trapezius) musculature. Verify all required supplies are available. Cleanse the skin and site(s) to be needled.

Description of Intra-Service Work: The provider palpates and locates the trigger points to be needled. The first muscle is secured between the fingers of the non-needling hand. Sterile, single use, solid filament needles, varying from 32-38 gauge and 25-100 mm in length, are inserted at various depths and angles to achieve the desired result of releasing tight tissue, improving microcirculation and removing neuro-noxious chemicals. Interactive reassessments are made throughout the procedure, noting needle fibrillation, local twitch response, and/or reproduction of symptoms including but not limited to achiness, burning and electricity. This process is repeated for each additional muscle to be treated. The needles are withdrawn and pressure (hemostasis) is applied directly to the skin over the needle insertion site.

Description of Post-Service Work: Apply an appropriate dressing(s), if needed. Document procedure and subjective and objective assessments. Instruct patient and/or caregiver on appropriate home care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Richard Rausch, PT, DPT, MBA; Anthony Hamm, DC		
Specialty Society(ies):	APTA, ACA		
CPT Code:	20561		
Sample Size:	6425	**Resp N:** 115	**Response:** 1.7 %
Description of Sample:	random sample from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**100.00**	280.00	1600.00
Survey RVW:	0.21	0.60	**0.65**	0.73	1.20
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	12.00	**15.00**	20.00	70.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	20561	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97140	XXX	0.43	**RUC Time**

CPT Descriptor Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97810	XXX	0.60	**RUC Time**

CPT Descriptor Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	96,502

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	98,201,339

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
98941	000	0.71	**RUC Time**

CPT Descriptor Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 42 **% of respondents:** 36.5 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 19.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 20561	Top Key Reference CPT Code: 97140	2nd Key Reference CPT Code: **97810**
Median Pre-Service Time	3.00	2.00	3.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	3.00	2.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**21.00**	**19.00**	**21.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	21%	55%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	26%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	19%	79%
Physical effort required	69%	24%	7%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	10%	88%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	45%	36%	18%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	59%	41%
Physical effort required	18%	73%	9%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	55%	45%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2020, two new codes were approved to report dry needling of musculature trigger points. This technique represents an alternative to pain medication and/or surgery for myofascial pain. The American Physical Therapy Association and the American Chiropractic Association conducted RUC surveys for these two new codes.

Recommendation

20560: We recommend the survey 25th percentile work RVU 0.45 and pre/intra/post times = 3/10/3
20561: We recommend the survey 25th percentile work RVU 0.60 and pre/intra/post times = 3/15/3

Pre- and Post-service Time

Pre-service and post-service times have been reduced to 3 minutes from the survey median time to account for overlap in work if other treatment(s)s are performed on the same date. Typically one additional treatment will occur, for example, 20560 (or 20561) plus 97140.

With respect to pre-service work, reviewing the patient chart will not be repeated, but each code has work distinctly related to the service. For example, the following pre-service work for 20560 or 20561) is distinctly different than the preservice work for 97140: *Position patient and inspect area to be treated. Document as applicable location, color, texture, temperature, vascularity, and size and depth of the area to be targeted for needling. Palpate and mark the identified trigger points within the right shoulder musculature (eg, Supraspinatus and Teres Minor). Verify all required supplies are available. Cleanse the skin and site(s) to be needled.*

With respect to post-service work, each procedure will require separate distinct documentation of the service and different patient instructions on home care.

Comparison to KRS 97140

The specialties agree that invasive trigger point dry needling is more intense than non-invasive manual therapy and patient therapy technique education. This is supported by the survey intensity / complexity measures that show all measures significantly greater except for *physical effort required*. The recommended work RVUs correctly rank the intraservice work.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3	**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3	**15**	3
2017	**97140**	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	XXX	**0.43**	0.023	**19**	2	**15**	2

Comparison to KRS 97810

The specialties agree that the intensity / complexity is similar to code 97810. This is supported by the survey intensity / complexity measures.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3	**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3	**15**	3
2005	**97810**	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient	XXX	**0.60**	0.031	**21**	3	**15**	3

Comparison to MPC Codes

The recommend work RVUs, time and resulting IWPUT compare well with respective MPC codes for each survey code.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
2010	**93923**	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels…..	XXX	**0.45**	0.032	16	3	**10**	3
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	16	3	**10**	3
2012	**92083**	Visual field examination, unilateral/ bilateral, with interpretation & report; extended examination …	XXX	**0.50**	0.043	13	3	**10**	0

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
2007	**99407**	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	XXX	**0.50**	0.033	15		15	
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	21	3	15	3
2006	**99213**	Office or other outpatient visit for the evaluation and management of an established patient, …Typically, 15 minutes are spent face-to-face with the patient and/or family.	XXX	**0.97**	0.053	23	3	15	5

Comparison to Other Codes 20552, 20553

Codes 20560 and 20561 (trigger point dry needling) can also be compared to codes 20552 and 20553 (trigger point injection) as demonstrated by the intraservice descriptions as shown in the table below. Codes 20560 and 20561 use the mechanics of needling instead of an injectate which would represent increased intensity related to possible side effects from the medication.

20560 (and 20561)	20552 (and 20553) DOW
The provider palpates and locates the trigger points to be needled. The first muscle is secured between the fingers of the non-needling hand. Sterile, single use, solid filament needles, varying from 32-38 gauge and 25-100 mm in length, are inserted at various depths and angles to achieve the desired result of releasing tight tissue, improving microcirculation and removing neuro-noxious chemicals. Interactive reassessments are made throughout the procedure, noting needle fibrillation, local twitch response, and/or reproduction of symptoms including but not limited to achiness, burning and electricity. This process is repeated for each additional muscle to be treated. The needles are withdrawn and pressure (hemostasis) is applied directly to the skin over the needle insertion site.	*After identifying the trigger point in the multifidus muscle left of the L5 spinous process by palpation, insert needle through the skin into the muscle. Advance the needle a short distance, about 2 cm to 4 cm, observing for any complaints of paresthesias but searching for the area of maximum tenderness. If any complaints or paresthesias are encountered, withdraw the needle slightly until the complaints stop. Infiltrate the injectant solution in a fanwise method into the trigger point after aspiration is negative for blood.*

We also believe the work RVU recommendations for 20560 and 20561 are correctly ranked relative to 20552 and 20553.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	POSIT	SDW	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3			**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3			**15**	3
2016	**20552**	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	000	**0.66**	0.075	**21**	5	1	5	**5**	5
2016	**20553**	Injection(s); single or multiple trigger point(s), 3 or more muscles	000	**0.75**	0.044	**27**	5	2	5	**10**	5

Comparison to Other Codes 98940, 98941

Codes 20560 and 20561 (dry needling, 1-2 and 3+ muscles) compare well to codes 98940 and 98941 (CMT, 1-2 regions and 3-4 regions). We believe the work RVU recommendations for 20560 and 20561 are correctly ranked relative to 98940 and 98941.

Review Year	CPT	Long Descriptor	GLOB	RVW	IWPUT	Total Time	EVAL	INTRA	POST
	20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX	**0.45**	0.032	**16**	3	**10**	3
	20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX	**0.60**	0.031	**21**	3	**15**	3
2012	**98940**	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	000	**0.46**	0.040	15	4	7	4
2012	**98941**	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	000	**0.71**	0.049	20	5	10	5

Summary

The APTA and ACA Advisors reviewed the survey data and **recommend the survey 25th percentile work RVU of 0.45 for 20560 and 0.60 for 20561**. These values compare well with the key reference codes, MPC codes and other similar code pairs 20552, 20553 and 98940, 98941.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)
CPT instructs that dry needling should be reported with 20999 Unlisted procedure, musculoskeletal system, general

See supplemental files submitted: CPT Assistant September 2003, CPT Assistant October 2014, CPT Knowledge Base January 2010

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty physical therapy How often? Sometimes

Specialty chiropractor How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
150,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This service is currently not paid by Medicare as it has been considered experimental. Literature has proven it is no longer evolving or experimental and a Cat I code has been approved. We estimate Medicare utilization of 150,000, however we believe that this utilization will replace other techniques that providers (eg, physical therapists, chiropractors, physicians, QHPs) currently use for myofascial pain and not necessarily increase the overall number of claims for therapy (eg, trigger point injection) related to myofascial pain.

Specialty physical therapy Frequency 75000 Percentage 50.00 %

Specialty chiropractor Frequency 40000 Percentage 26.66 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97116

ISSUE: Trigger Point Dry Needling

TAB: 41a

					RVW					Total	PRE	INTRA					POST	12 Month Svy Experience				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PRE	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF1	97140	Manual therapy techniques (eg, mobili	50	0.023			0.43			19	2			15			2					
REF2	97810	Acupuncture, 1 or more needles; witho	26	0.031			0.60			21	3			15			3					
current	new	new		n/a						0												
SVY	20560	Needle insertion(s) without injection(s)	115	0.035	0.19	0.45	0.55	0.60	1.25	19	5	1	7	10	14	60	4	0	25	100	250	####
REC	20560	25th pctl		0.032			0.45			16	3			10			3					
REF1	97140	Manual therapy techniques (eg, mobili	42	0.023			0.43			19	2			15			2					
REF2	97810	Acupuncture, 1 or more needles; witho	22	0.031			0.60			21	3			15			3					
current	new	new		n/a						0												
SVY	20561	Needle insertion(s) without injection(s)	115	0.028	0.21	0.60	0.65	0.73	1.20	25	5	1	12	15	20	70	5	0	25	100	280	####
REC	20561	25th pctl		0.031			0.60			21	3			15			3					

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: 01-2019

CPT	Descriptor	Global
20560	Needle insertion(s) without injection(s), 1 or 2 muscle(s)	XXX
20561	Needle insertion(s) without injection(s), 3 or more muscle(s)	XXX

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   APTA and ACA Advisors and providers familiar with these services reviewed the current PE inputs for similar service and key reference code 97810.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The stakeholder societies selected the second key reference service (97810) as similar and more comparable than the primary KRS (97140) which is not an invasive procedure.

3. Is this code(s) typically billed with an E/M service? No
   Is this code(s) typically billed with the E/M service in the nonfacility? No
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility?

   It is expected that physical therapists will be the dominant provider of these new services, although specially trained chiropractors, occupational therapists, nurse practitioners and physicians (eg, PM&R) will also likely provide these services.

   What percent of the time does the dominant provider provide the service(s) in the nonfacility? 50%

   Is the dominant provider in the nonfacility different then for the global? No
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: NA

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Clinical staff will be available to assist the practitioner 2/3 of the intra-service time to help with handing supplies related to cleansing skin, inserting needles, and applying pressure as needles are removed. Dry needling may also elicit a sympathetic response requiring the presence of clinical staff. Lastly, clinical staff availability is needed to assist with patient repositioning during the procedure requiring additional pillows, bolsters, etc

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

   Clinical staff will be available to assist the practitioner 2/3 of the intra-service time to help with handing supplies related to cleansing skin, inserting needles, and applying pressure as needles are removed.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: NA

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. NA

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: NA

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: NA

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

		20560	20561
EF023	table, exam	Default plus additional provider time not captured in K49 =+K35+K38+K49+K51+K52+3.33	Default plus additional provider time not captured in M49 =+M35+M38+M49+M51+M52+5

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: NA

16. If there is any other item on your spreadsheet that needs further explanation please include here: NA

17. Please include an explanation of each line item:

			97810	20560	20561	Comments
			REF	OFF	OFF	
			XXX	XXX	XXX	
CA001	Complete pre-service diagnostic and referral forms		3			delete – not required for dry needling if covered by payer
CA009	Greet patient, provide gowning, ensure appropriate medical records are available			3	3	standard, MPPR adjustment will reduce this time if provided with another service
CA013	Prepare room, equipment and supplies			2	2	set up disposable supplies
CA020	Assist physician or other qualified healthcare professional---directly related to physician work time ((other%)			6.67	10	assist 2/3 of provider's time – see Q8
CA024	Clean room/equipment by clinical staff			3	3	clean room and all disposable supplies
CA029	Check dressings, catheters, wounds			0	0	check injection sites
CA035	Review home care instructions, coordinate visits/prescriptions			2	2	review home care restrictions
CA037	Conduct patient communications		3			delete – not typical
SB022	gloves, non-sterile		2	2	2	provider and staff
SB026	gown, patient		1	1	1	patient will disrobe at least from waist up
SB036	paper, exam table		7	7	7	for exam table
SB037	pillow case		1	1	1	for pillow
SJ053	swab-pad, alcohol		2	5	10	to cleanse skin prior to inserting needle
SG082	cotton balls, sterile			2	5	held against skin for pressure after needle removal
NEW	needle, dry needling			10	20	NEW ITEM - typical number of needles for treatment
SC075	needle, acupuncture		12			DELETE, see new item
EF033	Hi-lo treatment table	Default	15	18	23	required for procedure

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***				**97810**		**20560**		**20561**	
3		***RUC Collaboration Website***				Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal		Needle insertion(s) without injection(s), 1 or 2 muscle(s)		Needle insertion(s) without injection(s), 3 or more muscle(s)	
4	**Clinical Activity Code**	**Meeting Date: 01/2019 Tab: 41a Specialty: APTA, ACA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4.78**	**$ -**	**$ 7.86**	**$ -**	**$ 11.33**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**16.7**	**0.0**	**20.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**16.67**	**0.0**	**20.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 2.22**	**$ -**	**$ 3.83**	**$ -**	**$ 4.60**	**$ -**
15		**PRE-SERVICE PERIOD**									
16		**Start: Following visit when decision for surgery or procedure made**									
17	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	3					
31		**End: When patient enters office/facility for surgery/procedure**									
32		**SERVICE PERIOD**									
33		**Start: When patient enters office/facility for surgery/procedure:**									
34		**Pre-Service (of service period)**									
35	CA009	Greet patient, provide gowning, ensure appropriate medical records	L023A	Physical Therapy Aide	0.23			3		3	
38	CA013	Prepare room, equipment and supplies	L023A	Physical Therapy Aide	0.23			2		2	
46		**Intra-service (of service period)**									
49	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L023A	Physical Therapy Aide	0.23			7		10	
50		**Post-Service (of service period)**									
51	CA024	Clean room/equipment by clinical staff	L023A	Physical Therapy Aide	0.23			3		3	
52	CA029	Check dressings, catheters, wounds	L023A	Physical Therapy Aide	0.23			0		0	
53	CA035	Review home care instructions, coordinate visits/prescriptions	L023A	Physical Therapy Aide	0.23			2		2	
61		**End: Patient leaves office**									
62		**POST-SERVICE PERIOD**									
63		**Start: Patient leaves office/facility**									
64	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3					
79		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***				**97810**		**20560**		**20561**	
3		***RUC Collaboration Website***				Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal		Needle insertion(s) without injection(s), 1 or 2 muscle(s)		Needle insertion(s) without injection(s), 3 or more muscle(s)	
4	**Clinical Activity Code**	**Meeting Date: 01/2019 Tab: 41a Specialty: APTA, ACA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4.78**	**$ -**	**$ 7.86**	**$ -**	**$ 11.33**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**16.7**	**0.0**	**20.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**16.67**	**0.0**	**20.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
80	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
81		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.45**	**$ -**	**$ 3.91**	**$ -**	**$ 6.57**	**$ -**
82	SB022	gloves, non-sterile	0.138	pair		2		2		2	
83	SB026	gown, patient	0.547	item		1		1		1	
84	SB036	paper, exam table	0.014	foot		7		7		7	
85	SB037	pillow case	0.3478	item		1		1		1	
86	SJ053	swab-pad, alcohol	0.0198	item		2		5		10	
87	SG082	cotton balls, sterile	0.0236	item				2		5	
88	NEW	needle, dry needling	0.2495	item				10		20	
89	SC075	needle, acupuncture	0.0955	item		12					
90		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
91											
92	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
93		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.10**	**$ -**	**$ 0.12**	**$ -**	**$ 0.15**	**$ -**
94	EF033	table, treatment, hi-lo	3016.86	Default	0.00671	15		18		23	

AMA/Specialty Society RVS Update Committee
Health Care Professionals Advisory Committee Review Board Summary of Recommendations

January 2019

Cognitive Function Intervention – Tab 41

CPT code 97129 was originally developed to replace CPT code 97532 (cognitive skills development, each 15 minutes) in response to a 2010 RUC High Volume Growth screen and a CMS High Expenditure screen that identified several codes in the physical medicine and rehabilitation (PM&R) family. In response to CMS' concern regarding timed codes noted in the CY2019 MPFS Final Rule, the CPT Physical Medicine &Rehabilitation (PM&R) Workgroup agreed that a new procedure code for cognitive function intervention was warranted to reflect current practice and should be changed to an untimed/per day code. The PM&R family was subsequently reviewed by the Relativity Assessment Workgroup at its April 2016 meeting, and 97532 was included as part of the family. The RUC recommended that CPT code 97532 should be referred to the CPT Editorial Panel to be updated to reflect current clinical practice.

The CPT Editorial Panel approved 97129 as an untimed code at its September2016 meeting and the RUC HCPAC valued and submitted final recommendations to CMS for inclusion in the 2018 MPFS. However, in the 2018 MPFS Final Rule, CMS assigned 97129 a procedure status of "I" (Invalid) and instead established a new G-code (G0515) for cognitive therapy, which maintained the descriptor and values from former CPT code 97532 (cognitive skills development, each 15 minutes). CMS suggested that 97129, as an untimed/per day code, did not appropriately account for the variable amounts of time spent with the patient depending on the discipline (i.e., psychology, speech-language pathology, occupational therapy, or physical therapy) and/or setting (i.e., facility-based vs. outpatient). The specialties proposed to revise CPT code 97129 to make it time-based with a new add-on code to address CMS' concern regarding the time variance among providers. At the September 2018 CPT Editorial Panel meeting, the Panel revised 97129 and created one new code to describe cognitive function intervention services using time-based codes.

Compelling Evidence

The Health Care Professionals Advisory Committee (HCPAC) Review Board reviewed and accepted compelling evidence for CPT code 97129 and 97130 that incorrect assumptions were made in the previous valuation because according to utilization data the previous survey was conducted by a different specialty than the specialty that currently provides these services. Former code 97532 was last surveyed by psychology, physical therapy, and occupational therapy in 2000, but the primary providers of these services are now speech-language pathology at 69% and psychology at 21 % based on total Medicare utilization in 2017. Although the RUC database noted that speech-language pathologists also participated in the survey process for 97532, it was as clinical staff and related to the practice expense for the service. Speech-language pathologists (SLP) did not gain independent Medicare billing status until July 2009 and were not previously able to survey for professional work. In 2009 SLPs did resurvey some of their primary services, however 97532 was not surveyed at that time because it was not widely performed by speech language pathologists yet. . As such, the current value of G0515 (formerly 97532) does not accurately reflect speech-language pathology work as the primary provider. Compelling evidence approval allows for a potential increase over the 0.44 work RVUs for G0515.

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97129 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes

The HCPAC reviewed the survey results from 105 speech language pathologists and psychologists for CPT code 97129. The HCPAC determined that the proposed work RVU of 0.50, the survey 25th percentile, appropriately accounts for the work required to perform this service. The HCPAC agreed with the specialty society that the survey times of 12 minutes pre-service, 30 minutes intra-service, and 10 minutes post-service time, indicated that the survey respondents did not understand the 15 minutes base code and 15 minute add-on coding structure, and overestimated the time needed to perform this 15 minute time-based code. The HCPAC reviewed the 25th percentile times of 7 minutes pre-service, 15 minutes intra-service, and 6 minutes post-service time and concluded that the intra-service time of 15 minutes at the 25th percentile is appropriate. The HCPAC agreed with the specialty society that the pre-service and post-service time should be decreased to 5 minutes each, which is adequate time to communicate complex information and instructions to cognitively-impaired patients and their caregivers. The HCPAC recommends 5 minutes of pre-evaluation time, 15 minutes intra-service time and 5 minutes immediate post-service time.

The HCPAC compared the survey code to similar service CPT code 97760 *Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes* (work RVU = 0.50, 5 minutes pre-service, 15 minutes intra-service and 5 minutes post-service time) and agreed that the time required to perform both services are identical and the work should be valued identically. **The HCPAC recommends a work RVU of 0.50 for CPT code 97129.**

97130 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)

The HCPAC reviewed the survey results from 107 speech language pathologists and psychologists for add-on CPT code 97130. The HCPAC determined that the proposed work RVU of 0.48, the survey 25th percentile, appropriately accounts for the work required to perform this service. The HCPAC agreed with the specialty society that the survey times of 22 minutes intra-service/total time, indicated that the survey respondents did not understand the 15 minutes base code and 15-minute add-on coding structure, and overestimated the time needed to perform this 15 minute add-on time-based code. The HCPAC reviewed the 25th percentile times of 15 minutes intra-service/total time and concluded that the intra-service time of 15 minutes at the 25th percentile is appropriate. The HCPAC recommends 15 minutes intra-service time.

The HCPAC compared the survey code to similar service CPT code 97760 *Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)* (work RVU = 0.48, 15 minutes intra-service) and agreed that the time required to perform both services are identical and the work should be valued identically. **The HCPAC recommends a work RVU of 0.48 for CPT code 97130.**

Practice Expense

The HCPAC recommends the direct practice expense inputs as submitted by the specialty society.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Physical Medicine and Rehabilitation** **Therapeutic Procedures** *A manner of effecting change through the application of clinical skills and/or services that attempt to improve function.* *Physician or other qualified health care professional (ie, therapist) required to have direct (one-on-one) patient contact.* *97110 Therapeutic procedure, 1 or more areas…* *97112 neuromuscular…..* *97113 aquatic therapy….* *97116 gait training…..* *(Use 96000-96003 to report comprehensive gait and motion analysis procedures)* *97124 massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion* *(For myofascial release, use 97140)*				
~~G0515~~	-	~~Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes~~		Recommend CMS Delete G-Code

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~~97127~~		~~Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact~~	XXX	N/A
●97129	AA1	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes (Report 97129 only once per day) ~~(Do not report 97129 in conjunction with 0364T, 0365T, 0368T, 0369T, *97X53, 97X55)*~~	XXX	0.50
✚●97130	AA2	each additional 15 minutes (ist separately in addition to code for primary procedure) (Use 97130 in conjunction with 97129) (Do not report 97129, 97130 in conjunction with *97X53, 97X55)*	ZZZ	0.48

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97129 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.50**

CPT Descriptor: Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes (report 971XX only once per day)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 30-year-old male presents with traumatic brain injury sustained in a vehicular accident resulting in memory problems, distractibility, depression, inappropriate social interaction, inability to self-monitor, and impaired organizational skills for executive function. He is seen for cognitive function intervention.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The clinician reviews the treatment plan and prepares for the session, including selection and set up of materials for therapy, as well as selection of materials and activities and tasks for completion between treatment sessions.

Description of Intra-Service Work: The clinician implements therapeutic activities that may include: attention tasks (eg, gradually increasing levels of distracting background noise); memory tasks (eg, visualization, mnenomics, environmental adaptations); problem solving activities (eg, techniques to define a problem, set a goal, and organize an action); and pragmatic activities to improve social communication skills and increase self-awareness of limitations and disabilities (eg, use of internal dialogue). Tools (eg, technology-assisted activities, role-playing activities) and compensatory strategies (eg, memory log) may be used to accomplish functional outcomes.

Description of Post-Service Work: The clinician reviews session results and progress toward functional goals with the patient and/or caregiver. The clinician also explains, demonstrates, and instructs the patient and/or caregiver in activities and tasks for completion between treatment sessions.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Renee Kinder, MS, CCC-SLP, Randy Phelps, PhD		
Specialty Society(ies):	American Speech-Language-Hearing Association, American Psychological Association		
CPT Code:	97129		
Sample Size:	5800	**Resp N:** 105	**Response:** 1.8 %
Description of Sample:	Random sample of applicable subsets; specifically, members of established specialty society member sections from ASHA and APA were randomly selected to participate.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**25.00**	150.00	1500.00
Survey RVW:	0.01	0.50	**0.65**	1.00	76.00
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**30.00**	50.00	420.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97129	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97530	XXX	0.44	**RUC Time**

CPT Descriptor Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97535	XXX	0.45	**RUC Time**

CPT Descriptor Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97533	XXX	0.48	**RUC Time**	11,496

CPT Descriptor 1 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97802	XXX	0.53	**RUC Time**	215,788

CPT Descriptor 2 Medical nutrition therapy; initial assessment and intervention, individual, face-toface with the patient, each 15 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
97760	XXX	0.50	**RUC Time**

CPT Descriptor Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 45 **% of respondents:** 42.8 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 97129	**Top Key Reference CPT Code:** 97530	**2nd Key Reference CPT Code:** **97535**
Median Pre-Service Time	5.00	2.00	2.50
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	5.00	2.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**19.00**	**21.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	44%	22%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	24%	74%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	2%	44%	54%
Physical effort required	20%	67%	13%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	42%	51%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	17%	61%	22%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	66%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	22%	78%
Physical effort required	28%	67%	11%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	22%	72%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey:
At the April 2016 meeting of the Relativity Assessment Workgroup (RAW), CPT 97532—Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes—was referred back to the CPT Editorial Panel for update to reflect current practice as part of the larger family of physical medicine and rehabilitation (PM&R) codes (97101-97799). The CPT Editorial Panel approved CPT code 97127 (cognitive function intervention, per day) at its October 2016 meeting and the RUC HCPAC valued and submitted

final recommendations to CMS for inclusion in the 2018 MPFS. However, in the 2018 MPFS Final Rule, CMS assigned 97127 a procedure status of "I" (Invalid) and instead established a new temporary G-code (G0515) for cognitive therapy, which maintained the descriptor and values from former/deleted CPT code 97532 (cognitive skills development, each 15 minutes). CMS suggested that 97127, as an untimed/per day code, did not appropriately account for the variable amounts of time spent with the patient depending on the discipline (i.e., psychology, speech-language pathology, occupational therapy, or physical therapy) and/or setting (i.e., facility-based vs. outpatient). In order to resolve this issue, ASHA and APA submitted a proposal to revise 97127 to a timed code. At its September 2018 meeting ASHA and APA recommended a base code of 30 minutes, with a 15-minute add-on; however, the CPT Editorial Panel approved a new timed base code of 15 minutes (97129) and an add-on code of 15 minutes (97130) for reporting of cognitive function intervention.

Survey Sample:
The survey data and recommendations are based upon random samples of applicable subsets of the APA and ASHA memberships. Specifically, the random samples were drawn from established specialty society member sections from APA and ASHA. The total sample size was 5800 with 105 responses. Of those responses, 63 were provided by speech-language pathologists and 42 by psychologists.

Expert Panel Recommendations:
A panel of psychologists and speech-language pathologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

The expert panel recommends **a work RVU of 0.50 and 5 minutes (pre), 15 minutes (intra), and 5 minutes (post) for a total of 25 minutes**. To support this recommendation, we cite **CPT code 97760**—Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes—as a comparison code, also with a work RVU of 0.50 and 5 minutes (pre), 15 minutes (intra), and 5 minutes (post), for a total of 25 minutes.

Time
The expert panel reviewed the median survey times of 12 minutes (pre), 30 minutes (intra), and 10 minutes (post) and the 25th percentile times of 7 minutes (pre), 15 minutes (intra), and 6 minutes (post) and concluded that the intraservice time of 15 minutes at the 25th percentile is appropriate. However, the expert panel also concluded that the pre- and post- service times should be decreased to 5 minutes each, resulting in a **recommendation of 5 minutes (pre), 15 minutes (intra), and 5 minutes (post)**. These times more appropriately reflect the 15-minute time-based code. The expert panel also believes that the pre- and post-service times are appropriate due to the complexity of communicating information and instructions to cognitively-impaired patients and their caregivers.

Work RVU
The expert panel reviewed the median survey work RVU of 0.65 and agreed that it is not an appropriate work value. Instead, the expert panel **recommends the survey 25th percentile of 0.50**. We believe this accurately captures current practice and reflects the additional pre- and post-service activities associated with the base code. This recommendation is also supported by the key reference codes. 100% of survey respondents ranked the survey code either equal to or greater in overall complexity and intensity than the key reference codes.

Compelling Evidence
The expert panel believes there is compelling evidence for an increase in the current values for the cognitive function intervention family of codes for the following reasons:

Evidence that incorrect assumptions were made in the previous valuation of the service, specifically:

- **A previous survey was conducted by one specialty to obtain a value, but the service is currently provided primarily by qualified healthcare professionals from a different specialty according to utilization data.**

Former code 97532 was last surveyed by psychology, physical therapy, and occupational therapy in 2000, but the primary billers are now speech-language pathology at 68.70% and psychology at 21.40% of total utilization in 2017. Although the RUC database noted that speech-language pathologists also participated in the survey process for 97532, this was not possible, as speech-language pathologists did not gain independent Medicare billing status until July 2009 and were not previously able to survey for professional work. As such, the current value of G0515 (formerly 97532) does not accurately reflect speech-language pathology work as the primary biller.

Comparison to Other Codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate rank order and support the requested values for time and professional work for 97129.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	0.023	19	2	15	2	1st key reference
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	0.45	0.020	21.5	2.5	15	4	2nd key reference
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	0.48	0.020	23	3	15	5	HCPAC MPC
97129	Cognitive function intervention; initial 15 minutes	0.50	0.018	25	5	15	5	Survey code
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	0.50	0.018	25	5	15	5	Comparison
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	0.53	0.032	17	1	15	1	HCPAC MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. We anticipate 97129 will typically be billed with its add-on code, 97130. 2017 Medicare utilization data for CPT code 97532 showed an average of 3.33 15-minute units of cognitive therapy billed per day. We also note that cognitive function intervention will be subject to MPPR policies, with a reduction of 50% to practice expense for subsequent units of codes with lower PE RVUs.

CPT Code	Descriptor	RVW	Global	Total Time	PRE	INTRA	POST	# of units billed	50% MPPR Reduction to PE?
97129	Cognitive function intervention; initial 15 minutes	0.50	XXX	25	5	15	5	1	No
+97130	Cognitive function intervention; each additional 15 minutes	0.48	ZZZ	15	0	15	0	2	Yes

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97532/G0515

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Speech-language pathology How often? Commonly

Specialty Psychology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1398563
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We used combined 2017 Medicare utilization and 2012 Medicaid utilization from the RUC database for CPT code 97532 (4,661,875) as the basis of our calculations. 2017 utilization data shows that 97532 was billed an average of 3.33 units per day. As such, we assumed 97129, as the base code, will make up 30% of total billing for cognitive function intervention. Percentage of utilization is also based on 2017 RUC data for 97532.

Specialty Speech-language pathology Frequency 960812 Percentage 68.69 %

Specialty Psychology Frequency 299292 Percentage 21.39 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 78,933 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2017 Medicare utilization CPT code 97532 (263,111) as the basis of our calculations. 2017 utilization data shows that 97532 was billed an average of 3.33 units per day. As such, we assumed 97129, as the base code, will make up 30% of total billing for cognitive function intervention. Percentage of utilization is also based on 2017 RUC data for 97532.

Specialty Speech-language pathology Frequency 54227 Percentage 68.70 %

Specialty Psychology Frequency 16905 Percentage 21.41 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96125

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97130 Tracking Number Original Specialty Recommended RVU: **0.48**
Presented Recommended RVU: **0.48**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.48**

CPT Descriptor: Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) (Use 97130 in conjunction with 97129)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 30-year-old male presents with traumatic brain injury sustained in a vehicular accident resulting in memory problems, distractibility, depression, inappropriate social interaction, inability to self-monitor, and impaired organizational skills for executive function. He is seen for cognitive function intervention and requires an additional 15 minutes of treatment beyond the initial 15 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The clinician implements therapeutic activities that may include: attention tasks (eg, gradually increasing levels of distracting background noise); memory tasks (eg, visualization, mnenomics, environmental adaptations); problem solving activities (eg, techniques to define a problem, set a goal, and organize an action); and pragmatic activities to improve social communication skills and increase self-awareness of limitations and disabilities (eg, use of internal dialogue). Tools (eg, technology-assisted activities, role-playing activities) and compensatory strategies (eg, memory log) may be used to accomplish functional outcomes.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Renee Kinder, MS, CCC-SLP, Randy Phelps, PhD		
Specialty Society(ies):	American Speech-Language-Hearing Association, American Psychological Association		
CPT Code:	97130		
Sample Size:	5800	**Resp N:** 107	**Response:** 1.8 %
Description of Sample:	Random sample of applicable subsets; specifically, members of established specialty society member sections from ASHA and APA were randomly selected to participate.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**24.00**	150.00	4800.00
Survey RVW:	0.06	0.48	**0.55**	1.00	45.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	15.00	**22.00**	45.00	99489.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	97130	**Recommended Physician Work RVU: 0.48**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97530	XXX	0.44	**RUC Time**

CPT Descriptor Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97535	XXX	0.45	**RUC Time**

CPT Descriptor Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97803	XXX	0.45	**RUC Time**	197,851

CPT Descriptor 1 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11045	ZZZ	0.50	**RUC Time**	450,309

CPT Descriptor 2 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
90863	XXX	0.48	**RUC Time**

CPT Descriptor Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 54 **% of respondents:** 50.4 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 97130	Top Key Reference CPT Code: 97530	2nd Key Reference CPT Code: 97535
Median Pre-Service Time	0.00	2.00	2.50
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	0.00	2.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**19.00**	**21.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	39%	52%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	39%	54%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	52%	45%
Physical effort required	16%	74%	9%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	50%	42%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	31%	54%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	46%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	31%	54%
Physical effort required	39%	62%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	31%	54%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey:
At the April 2016 meeting of the Relativity Assessment Workgroup (RAW), CPT 97532—Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes—was referred back to the CPT Editorial Panel for update to reflect current practice as part of the larger family of physical medicine and rehabilitation (PM&R) codes (97101-97799). The CPT Editorial Panel approved CPT code 97127 (cognitive function intervention, per day) at its October 2016 meeting and the RUC HCPAC valued and submitted final recommendations to CMS for inclusion in the 2018 MPFS. However, in the 2018 MPFS Final Rule, CMS assigned 97127 a procedure status of "I" (Invalid) and instead established a new temporary G-code (G0515) for cognitive therapy, which maintained the descriptor and values from former/deleted CPT code 97532 (cognitive skills development, each 15 minutes). CMS suggested that 97127, as an untimed/per day code, did not appropriately account for the variable amounts of time spent with the patient depending on the discipline (i.e., psychology, speech-language pathology, occupational therapy, or physical therapy) and/or setting (i.e., facility-based vs. outpatient). In order to resolve this issue, ASHA and APA submitted a proposal to revise 97127 to a timed code. At the September 2018 CPT Editorial Panel meeting ASHA and APA recommended a base code of 30 minutes, with a 15-minute add-on; however, the CPT Editorial Panel approved a new timed base code of 15 minutes (97129) and an add-on code of 15 minutes (97130) for reporting of cognitive function intervention.

Survey Sample:
The survey data and recommendations are based upon random samples of applicable subsets of the APA and ASHA memberships. Specifically, the random samples were drawn from established specialty society member sections from APA and ASHA. The total sample size was 5,800 with 107 responses. Of those responses, 61 were provided by speech-language pathologists and 46 by psychologists.

Expert Panel Recommendations:
A panel of psychologists and speech-language pathologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

The expert panel recommends the **25th percentile work RVU of 0.48 and the 25th percentile times of 0 minutes (pre), 15 minutes (intra), and 0 minutes (post) for a total of 15 minutes**. To support this recommendation, we cite CPT code 90863 (Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services) as a comparison code, also with a work RVU of 0.48 and 0 minutes (pre), 15 minutes (intra), and 0 minutes (post) for a total of 15 minutes.

Time
The expert panel reviewed the median survey times of 0 minutes (pre), 22 minutes (intra), and 0 minutes (post) and concluded that the intra-service time should be decreased to the **survey 25th percentile of 15 minutes**. The 25th more appropriately reflects the 15-minute time-based code.

Work RVU
The expert panel reviewed the median survey work RVU of 0.55 and agreed that it is not an appropriate work value. Instead, **we recommend the survey 25th percentile of 0.48**. This recommendation is supported by the key reference codes, which survey respondents consistently ranked less in overall complexity and intensity than the survey code. We also believe this value places the add-on code in appropriate rank order with the base code, at a proposed work RVU of 0.50.

Compelling Evidence
The expert panel believes there is compelling evidence for an increase in the current values for the cognitive function intervention family of codes for the following reasons:

Evidence that incorrect assumptions were made in the previous valuation of the service, specifically:

- **A previous survey was conducted by one specialty to obtain a value, but the service is currently provided primarily by qualified healthcare professionals from a different specialty according to utilization data.**

Former code 97532 was last surveyed by psychology, physical therapy, and occupational therapy in 2000, but the primary billers are now speech-language pathology at 68.70% and psychology at 21.40% of total utilization in 2017. Although the RUC database notes that speech-language pathologists also participated in the survey process for 97532, this was not possible, as speech-language pathologists did not gain independent Medicare billing status until July 2009 and were not

previously able to survey for professional work. As such, the current value of G0515 (formerly 97532) does not accurately reflect speech-language pathology work as the primary biller.

Comparison to Other Codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate rank order and support the requested values for time and professional work for 97130.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	0.44	0.023	19	2	15	2	1st key reference
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	0.45	0.020	21.5	2.5	15	4	2nd key reference
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	0.45	0.027	17	1	15	1	HCPAC MPC
97130	Cognitive function intervention; each additional 15 minutes	0.48	0.032	15	0	15	0	Survey code
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	0.48	0.032	15	0	15	0	Comparison
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	0.48	0.020	23	3	15	5	HCPAC MPC Comparison
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	0.50	0.033	15	0	15	0	HCPAC MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. We anticipate 97130 will typically be billed with its base code, 97129. 2017 Medicare utilization data for CPT code 97532 showed an average of 3.33 15-minute units of cognitive therapy billed per day, so we estimate that the add-on code will typically be billed twice per day, in addition to one unit of the base code. We also note that cognitive function intervention will be subject to MPPR policies, with a reduction of 50% to practice expense for subsequent units of codes with lower PE RVUs.

CPT Code	Descriptor	RVW	Global	Total Time	PRE	INTRA	POST	# of units billed	50% MPPR Reduction to PE?
97129	Cognitive function intervention; initial 15 minutes	0.50	XXX	25	5	15	5	1	No
+97130	Cognitive function intervention; each additional 15 minutes	0.48	ZZZ	15	0	15	0	2	Yes

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97532/G0515

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Speech-language pathology How often? Commonly

Specialty Psychology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3,263,313
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We used combined 2017 Medicare utilization and 2012 Medicaid utilization from the RUC database for CPT code 97532 (4,661,875) as the basis of our calculations. 2017 utilization data shows that 97532 was billed an average of 3.33 units per day. As such, we assumed 97130, as the add-on code, will make up 70% of total billing for cognitive function intervention. Percentage of utilization is also based on 2017 RUC data for 97532.

Specialty Speech-language pathology Frequency 2241896 Percentage 68.69 %

Specialty Psychology Frequency 698349 Percentage 21.40 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 184,178 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2017 Medicare utilization CPT code 97532 (263,111) as the basis of our calculations. 2017 utilization data shows that 97532 was billed an average of 3.33 units per day. As such, we assumed 97130, as the add-on code, will make up 70% of total billing for cognitive function intervention. Percentage of utilization is also based on 2017 RUC data for 97532.

Specialty Speech-language pathology Frequency 126530 Percentage 68.69 %

Specialty Psychology Frequency 39414 Percentage 21.39 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 96125

SS Rec Summary

ISSUE: Cognitive Function Intervention

TAB: 41 / HCPAC

971XX

Typical Vignette %	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	Number of Units MIN	Number of Units 25th	Number of Units MED	Number of Units 75th	Number of Units MAX	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional	45	0.023			0.44			19	2					15			2											
	2nd REF	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory	18	0.020			0.45			21.5	2.5					15			4											
	CURRENT	G0515 (Medicare)	Development of cognitive skills to improve attention, memory, problem solving (includes		0.017			0.44			25	1					22			2											
	CURRENT	97127 (RUC Approved Jan 2018)	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the		0.019			1.50			75	5					60			10											
79%	SVY	97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning,	105	0.005	0.01	0.50	0.65	1.00	76.00	52	12			5	15	30	50	420	10			N/A			0	3	25	150	1500	
	APA	97129		42	-0.001	0.25	0.50	0.60	0.90	35.00	65	15			7	15	37	59	420	13			N/A			0	0	15	88	250	
	ASHA	97129		63	0.010	0.01	0.50	0.75	1.13	76.00	50	10			5	15	30	45	150	10			N/A			0	5	50	343	1500	
	REC	97129			0.018			0.50			25	5					15			5											

9XXX0

Typical Vignette %	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	Number of Units MIN	Number of Units 25th	Number of Units MED	Number of Units 75th	Number of Units MAX	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	97530	Therapeutic activities, direct (one-on-one) patient contact	54	0.023			0.44			19	2					15			2											
	2nd REF	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory	13	0.020			0.45			21.5	2.5					15			4											
	CURRENT	G0515	Development of cognitive skills to improve attention, memory, problem solving (includes		0.017			0.44			25	1					22			2											
83%	SVY	97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem	107	0.025	0.06	0.48	0.55	1.00	45.00	22	0			0	15	22	45	99489	0	1	1	2	3	10	0	0	24	150	4800	
	APA	97130		46	0.000	0.06	0.48	0.51	0.98	45.00	18	0			0	15	18	56	99489	0	1	2	3	3	10	0	0	13	69	1250	
	ASHA	97130		61	0.024	0.25	0.48	0.60	1.46	45.00	25	0			2	15	25	40	90	0	1	1	2	3	6	0	0	35	300	4800	
	REC	97130			0.032			0.48			15	0					15			0											

CPT Code: 97129, 97130
Specialty Society: ASHA (Speech-Language Pathology), APA (Psychology)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

97129 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes

(Report 97129 only once per day)

97130 each additional 15 minutes (List separately in addition to code for primary procedure)

(Use 97130 in conjunction with 97129)

Global Period: **97129 - XXX 97130 - ZZZ** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The practice expense elements were determined by a consensus panel of speech-language pathologists and psychologists from different practice settings (eg, private practice, clinic, hospital-based) and geographic regions of the country.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   The panel drew upon the current practice expense inputs for CPT code 97127 (Cognitive function intervention, per day). The inputs were approved by the PE Subcommittee and RUC in January 2017. However, CMS did not accept CPT code 97127 and instead created a proxy G-code, G0515 (Cognitive skills development, each 15 minutes). As such, we have added 97127 as a reference code and G0515 as the current code on the spreadsheet. We are proposing to maintain the inputs for CPT code 97127, as approved by the RUC in 2017. However, we have adjusted quantities, as 97127 was an untimed code with 60 minutes of intraservice time, while 97129 and 97130 are 15-minute codes.

3. Is this code(s) typically billed with an E/M service?
   97129 – No 97130 – No

   Is this code(s) typically billed with the E/M service in the nonfacility?
   97129– No 97130 – N/A

4. What specialty is the dominant provider in the nonfacility?
   97129 – Not know 97130 – N/A

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   97129 – Not known 97130 – N/A

Is the dominant provider in the nonfacility different then for the global?
97129 – Not known 97130 – N/A

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A – we are not recommending clinical labor time**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **N/A – we are not recommending an increase over the current aggregate cost.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    EF027 Table, instrument, mobile – other formula
    ED038 Notebook (Dell Latitude D600) – other formula

    Because the provider of the entire service is the qualified health care professional, we are using the QHP's intraservice time to calculate the equipment time, which is in the room with the patient and QHP for the duration of the intraservice time.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: ***See the table on page 3 for further details on each recommendation.***

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

17. Please include an explanation of each line item:

Recommendations for 97129

ROW	CODE	97129 (initial 15 minutes)	REF (RUC approved Jan 2017)	current	REC	Rationale
	CLINICAL ACTIVITIES					
49	**CA018**	Assist physician or other qualified healthcare professional---directly related to physician work time (100%) (L023A – Physical Therapy Aid)	0	12	0	**Remove –** Speech-language pathologists and psychologists do not typically employ PT aids. SLPs may not bill for aids.
	MEDICAL SUPPLIES					
102	**SA001**	Kit, activity-crafts	0	1	0	**Remove –** Replaced with 3 sheets of laser paper
103	**SK057**	Paper, laser printing (each sheet)	10	0	3	**Add -** Used for various therapeutic activities and/or patient education.
	EQUIPMENT					
112	**EF027**	Table, instrument, mobile	60	5	15	**Increase –** Table needed for duration of intraservice time to provide surface for therapeutic activities.
113	**ED038**	Notebook (Dell Latitude D600)	60	0	15	**Add -** Used as a tool to help the patient master activities of daily living or learn compensatory strategies. Needed for duration of intraservice time.

Recommendations for 97130

ROW	CODE	97130 (each add'l 15 minutes)	REF (RUC approved Jan 2017)	current	REC	Rationale
	CLINICAL ACTIVITIES					
49	**CA018**	Assist physician or other qualified healthcare professional---directly related to physician work time (100%) (L023A – Physical Therapy Aid)	0	12	0	**Remove –** Speech-language pathologists and psychologists do not typically employ PT aids. SLPs may not bill for aids.
	MEDICAL SUPPLIES					
102	**SA001**	Kit, activity-crafts	0	1	0	**Remove –** Replaced with 3 sheets of laser paper
103	**SK057**	Paper, laser printing (each sheet)	10	0	3	**Add -** Used for various therapeutic activities and/or patient education.
	EQUIPMENT					
112	**EF027**	Table, instrument, mobile	60	5	15	**Increase –** Table needed for duration of intraservice time to provide surface for therapeutic activities.
113	**ED038**	Notebook (Dell Latitude D600)	60	0	15	**Add -** Used as a tool to help the patient master activities of daily living or learn compensatory strategies. Needed for duration of intraservice time.

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***standards/guidelines in column C. For more complete information about summaries and guidelines please see***				**97127 RUC Approved Jan 2017**		**G0515**		**97129**		**97130**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 41 / Cognitive Function Intervention Specialty: Speech-Language Pathology, Psychology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory		Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 0.69**	**$ -**	**$ 7.83**	**$ -**	**$ 0.18**	**$ -**	**$ 0.18**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**L023A**	**Physical Therapy Aide**	**0.23**	**$ -**	**$ -**	**$ 2.76**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery or procedure made**											
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
32		**Pre-Service (of service period)**											
48		**Intra-service (of service period)**											
49	CA018	Assist physician or other qualified	L023A	Physical	0.23			12					
50	CA019	Assist physician or other qualified											
51	CA020	Assist physician or other qualified											
52	CA021	Perform procedure/service---NOT directly											
59		**Post-Service (of service period)**											
81		**End: Patient leaves office**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											
99		**End: with last office visit before end of**											

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***standards/guidelines in column C. For more complete information about summaries and guidelines please see***				**97127 RUC Approved Jan 2017**		**G0515**		**97129**		**97130**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 41 / Cognitive Function Intervention Specialty: Speech-Language Pathology, Psychology**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory		Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to		Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 0.69**	**$ -**	**$ 7.83**	**$ -**	**$ 0.18**	**$ -**	**$ 0.18**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L023A	Physical Therapy Aide	0.23	**0.0**	**0.0**	**12.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.09**	**$ -**	**$ 5.06**	**$ -**	**$ 0.03**	**$ -**	**$ 0.03**	**$ -**
102	SA001	kit, activity-crafts	5.06	kit				1					
103	SK057	paper, laser printing (each sheet)	0.0088	item		10				3		3	
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.60**	**$ -**	**$ 0.01**	**$ -**	**$ 0.15**	**$ -**	**$ 0.15**	**$ -**
112	EF027	table, instrument, mobile	608.4815	Other Formula	0.0013535	60		5		15		15	
113	ED038	notebook (Dell Latitute D600)	1506	Other Formula	0.00872552	60				15		15	
114													
115													
116													
117													
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*											

AMA/Specialty Society RVS Update Committee
Health Care Professionals Advisory Committee Review Board Summary of Recommendations

January 2019

Online Digital Evaluation Service (e-Visit) – Tab 41

In September 2018, the CPT Editorial Panel deleted two codes and replaced them with six new codes in the evaluation and management section to describe patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office. Three codes describe the physician e-visit (99421, 99422 and 99423) and three codes describe the qualified nonphysician health care professional e-visit (98970, 98971 and 98972).

The e-visit codes reviewed by the RUC and Health Care Professionals Advisory Committee (HCPAC) Review Board are one unified set of code. After a detailed discussion, the HCPAC determined that the non-physician work was equivalent to the physician work for codes 99421, 99422 and 99423 and agreed with the specialty societies that the services should be valued consistently. The separate nature of the code set (i.e., physician vs. qualified nonphysician health care professional) is artificial due to coding conventions that preclude some qualified nonphysician health care professional from billing Evaluation and Management (E/M) codes. As a result, the CPT Editorial Panel created the three nonphysician codes within this code family recognizing that the same services are rendered by providers who cannot report E/M services. The code descriptors are identical apart from the term, qualified nonphysician health care professional. RUC procedures require the codes to be surveyed separately with recommendations presented to the RUC for the physician codes and the HCPAC for the nonphysician codes. Precedent exists within HCPAC and RUC with the telephone services for valuation of the physician and qualified nonphysician health care professional codes at the same level. When the telephone services codes were valued by the RUC and HCPAC in April 2007, the HCPAC determined that the nonphysician work for codes 98966-98968 was equivalent to the physician work for codes 99441-99443. These codes (98966-98968) were identified as the top key reference services by survey respondents for each of the three nonphysician e-visit codes. In the CMS Final Rule for calendar year 2008, CMS did not express concern with the physician and nonphysician telephone services being valued equivalently, stating their agreement with the RUC recommended values for these services on page 66368 of the Federal Register Vol. 72, No. 227.

98970 ***Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes***
The HCPAC reviewed the survey results from 43 dietitian nutritionists for CPT code 98970 and determined that the survey 25th percentile work RVU of 0.25 appropriately accounts for the work required to perform this service. The HCPAC recommends 8 minutes intra-service time. The HCPAC noted that this service includes only intra-service time as this service starts with the qualified nonphysician health care professional (QHP) opening up the electronic communication, which differs from the top key reference service 98966 *Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion* (work RVU = 0.25 and 8 minutes intra-service time,13 minutes total time), where the QHP may get a voicemail and may have an opportunity to review the medical record before engaging in the call. The e-visit is the documentation of the visit itself, the e-mail response. The HCPAC compared the surveyed code to the top key reference

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service 98966 and noted that these services require the same QHP intra-service time to perform. However, 98970 is more intense than 98966 because the QHP response is documented in writing. There is a higher risk and challenge within the written response, as the QHP or patient may misinterpret something within the communication. Whereas, with a telephone call, any misinterpretations would be clarified with immediate feedback. There is also a greater legal risk in providing the service because all communication is documented in writing. Additionally, 98970 is more complex because the QHP may review multiple images some of which may be hard to decipher, as well as engage in multiple communications over seven days which adds to the intensity of this service.

For additional support the HCPAC referenced MPC codes 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service/total time) and 92568 *Acoustic reflex testing, threshold* (work RVU = 0.29 and 8 minutes intra-service time), which demonstrates the appropriate relativity among similar services. **The HCPAC recommends a work RVU of 0.25 for CPT code 98970.**

98971 ***Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes***
The HCPAC reviewed the survey results from 48 dietitian nutritionists for CPT code 98971 and determined that the survey median work RVU of 0.50 appropriately accounts for the work required to perform this service. The HCPAC recommends 15 minutes intra-service time. The HCPAC noted that this service includes only intra-service time as this service starts with the qualified nonphysician health care professional (QHP) opening up the electronic communication, which differs from the top key reference service 98967 *Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion* (work RVU = 0.50 and 15 minutes intra-service time, 21 minutes total time), where the QHP may get a voicemail and may have an opportunity to review the medical record before engaging in the call. The e-visit is the documentation of the visit itself, the e-mail response. The HCPAC compared the surveyed code to the top key reference code 98967 and noted that these services require the same QHP intra-service time to perform. However, 98971 is more intense than 98967 because the QHP response is documented in writing. There is a higher risk and challenge within the written response, as the QHP or patient may misinterpret something within the communication. Whereas, with a telephone call, any misinterpretations would be clarified with immediate feedback. There is also a greater legal risk in providing the service because all communication is documented in writing. Additionally, 98971 is more complex because the QHP may review multiple images some of which may be hard to decipher, as well as engage in multiple communications over seven days which adds to the intensity of this service.

For additional support the HCPAC referenced MPC code 97803 *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* (work RVU = 0.45 and 15 minutes intra-service), which demonstrates the appropriate relativity with a similar service. **The HCPAC recommends a work RVU of 0.50 for CPT code 98971.**

98972 ***Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes***
The HCPAC reviewed the survey results from 48 dietitian nutritionists for CPT code 98972 and determined that the survey median of 0.75 was too low compared to the physician code 99423 *Online digital evaluation and management service, for an established patient, for up to 7 days,*

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cumulative time during the 7 days; 21 or more minutes (RUC work RVU recommendation = 0.80). The HCPAC chose to recommend the same time and work values as the code described to define physician work. The HCPAC agreed that the physician work survey 25th percentile work RVU of 0.80 appropriately accounts for the work required to perform this service. The HCPAC recommends the physician work survey intra-service time of 25 minutes. The HCPAC noted that this service includes only intra-service time as this service starts with the QHP opening up the electronic communication, which differs from the top key reference service 98968 *Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion* (work RVU = 0.75 and 25 minutes intra-service time, 36 minutes total time) and noted that these services require similar intra-service time to perform and should be valued similarly. The HCPAC noted that 98972 requires more physician work to perform and is more intense than 98968 because it describes 21 minutes or more, rather than a range of 21-30 minutes. The service will likely require more than 21 minutes, potentially much more. Additionally, the typical patient receiving 98972 has problems and concerns greater than the average patient. The RUC HCPAC Review Board agreed that 98972 is more intense than 98968 because the physician response is documented in writing with higher risk and challenges with multiple communications, not a verbal response with immediate clarifications as detailed in the rationale for CPT code 98970.

For additional support the RUC HCPAC Review Board referenced MPC codes 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient,…*(work RVU = 0.76 and 10 minutes intra-service, 20 minutes total time) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient,…*(work RVU = 0.97 and 15 minutes intra-service, 23 minutes total time), which demonstrates the appropriate relativity among similar services. **The HCPAC recommends a work RVU of 0.80 for CPT code 98972.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society.

New Technology/New Services
The HCPAC recommends that CPT codes 98970, 98971, 98972 be placed on the New Technology list and be re-reviewed by the HCPAC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Home Services** **Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services** *(For instructions on the use of 99339, 99340, see introductory notes for 99374-99380)* *(For care plan oversight services for patients under the care of a home health agency, hospice, or nursing facility, see 99374-99380)*				

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(Do not report 99339, 99340 for time reported with 98966, 98967, 98968, ~~98969~~, 99441, 99442, 99443 ~~99444~~, 99421, 99422, 99423)

99339 *Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes*

Prolonged Service Without Direct Patient Contact

Code 99358 and 99359…..

The service is to be…..

Code 99358 and 99359…..

Prolonged service……

Code 99359 is used…..

Prolonged service of less……

Do not report 99358, 99359 for time spent in care plan oversight services (99339, 99340, 99374-99380), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), ~~or on-line medical evaluations (99444)~~ or online digital ~~Visits~~ evaluation and management services (99421, 99422, 99423).

99358 ***Prolonged evaluation and management service*** *before and/or after direct patient care; first hour*

Care Plan Oversight Services

Care plan oversight services….

These codes should ……..

The work involved in providing ….

(For care plan oversight services of patients in the home, domiciliary, or rest home [eg, assisted living facility], see 99339, 99340, and for hospice agency, see 99377, 99378)

(*Do not report 99374-99380 for time reported with 98966- 98967, 98968, ~~98969~~, 99441, 99442, 99443 ~~99444~~* 99421, 99422, 99423)

(Do not report 99374-99378 during the same month with 99487-99489)

(Do not report 99374-99380 when performed during the service time of codes 99495 or 99496)

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Non-Face-to-Face-Services
Telephone Services

Telephone services are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a physician or other qualified health care professional, who may report evaluation and management services. These codes are used to report episodes of patient care initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit. Likewise if the telephone call refers to an E/M service performed and reported by that individual within the previous seven days (either requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure. (Do not report 99441-99443 if ~~99441~~ 99421, 99422, 99423 ~~-99444~~ have been reported by the same provider in the previous seven days for the same problem.)

~~**On-Line Medical Evaluation**~~

~~An on-line electronic medical evaluation is a non-face-to-face evaluation and management (E/M) service by a physician to a patient using Internet resources in response to a patient's on-line inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple physicians could report their exchange with the same patient. If the on-line medical evaluation refers to an E/M service previously performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous E/M service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter.~~

~~(For an on-line medical evaluation provided by a qualified nonphysician health care professional, use 98969)~~

~~**D**~~99444	-	~~Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network~~ ~~(Do not report 99444 when using 99339, 99340, 99374-99380 for the same communication[s])~~ ~~(Do not report 99444 for home and outpatient INR monitoring when reporting 93792, 93793)~~ ~~(Do not report 99444 during the same month with 99487-99489)~~	XXX	N/A

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		~~(Do not report 99444 when performed during the service time of codes 99495 or 99496)~~		

Online Digital Evaluation and Management Services

Online digital evaluation and management services (99421, 99422, 99423) are patient-initiated services with physicians or qualified health care professionals. Online digital evaluation and management services require physician or qualified health care professional's evaluation, assessment, and management of the patient. These services are not for the non-evaluative electronic communication of test results, scheduling of appointments, or other communication that does not include evaluation and management. While the patient's problem may be new to the physician or qualified healthcare professional, the patient is an established patient. Patients initiate these services through Health Insurance Portability and Accountability Act compliant secure platforms, such as electronic health record portals, secure email, or other digital applications, which allow digital-communication with the physician or qualified health care professional.

Online digital evaluation and management services are reported once for the physician or qualified health care professional cumulative time devoted to the service during a seven-day period. The seven-day period begins with the physician's or qualified health care professional's initial, personal review of the patient-generated inquiry. Physician or qualified health care professional's cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal physician or qualified health care professional interaction with clinical staff focused on the patient's problem, development of management plans including physician or qualified health care professional generation of prescriptions or ordering of tests, and subsequent communication with the patient through either online, telephone, email, or other digitally-supported communication that does not otherwise represent a separately reported evaluation and management (E/M) service. All professional decision making, assessment, and subsequent management by physicians or qualified health care professionals in the same group contribute to the cumulative service time of the patient's online digital evaluation and management service. Online digital evaluation and management services require permanent documentation storage (electronic or hard copy) of the encounter.

If within seven-days of the initiation of an online digital evaluation and management service, a separately reported E/M visit occurs, then the physician or qualified health care professional work devoted to the online digital evaluation and management service is incorporated into the other E/M visit (eg, additive of visit time for a time-based E/M visit, or additive of decision-making complexity for a key component-based E/M visit). This includes E/M visits and procedures that are provided through synchronous telemedicine visits using interactive audio and video telecommunication equipment which are reported with modifier 95 appended to the E/M service. If the patient initiates an online digital inquiry for the same or a related problem within seven days of a previous E/M service, then the online digital visit is not reported. If the online digital inquiry is related to a surgical procedure and occurs during the postoperative period of a previously completed procedure, then the online digital evaluation and management service is not reported separately. If the patient generates the initial online digital inquiry for a new problem within seven days of a previous E/M visit that addressed a different problem, then the online digital evaluation and management service is reported separately. If during the seven-day period of an online digital evaluation and management service, the patient presents a new unrelated problem, then the time of the physician or qualified health care professional's evaluation, assessment, and management of the additional problem is added to the cumulative service time of the online digital evaluation and management service for that seven-day period.

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(For online digital evaluation and management services provided by a qualified nonphysician health care professional who may not report the physician or other qualified health care professional evaluation and management services [eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians], see 98970, 98971, and 98972) (99444 has been deleted. To report, see 99421, 99422, 99423)				
● 99421	DD1	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	XXX	0.25 (RUC Recommendation)
● 99422	DD2	11-20 minutes	XXX	0.50 (RUC Recommendation)

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● 99423	DD3	21 or more minutes (Report 99421, 99422, 99423 once per 7-day period) (Do not report online digital evaluation and management services for cumulative service time less than 5 minutes) (Clinical staff time is not calculated as part of cumulative time for 99421, 99422, 99423) (Do not report 99421, 99422, 99423 when using 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99487, 99489, 99495, 99496, 99091 for the same communication[s]) (Do not report 99421, 99422, 99423 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 99421, 99422, 99423 on a day when the physician or other qualified health care professional reports E/M services: [99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245]) (Do not count 99421, 99422, 99423 time otherwise reported with other services)	XXX	0.80 (RUC Recommendation)

Interprofessional Telephone/Internet/Electronic Health Record Consultations

The consultant should use codes 99446, 99447, 99448, 99449, 994X6 to report interprofessional telephone/Internet/electronic health record consultations. An interprofessional telephone/Internet/electronic health record consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician or other qualified health care professional in the diagnosis and/or management of the patient's problem patient face-to-face contact with the consultant.

The patient for whom the interprofessional telephone/Internet/electronic health record consultation is requested may be either a new patient to the consultant or an established patient with a new problem or an exacerbation of an existing problem. However, the consultant should not have seen the patient in a face-to-face encounter within the last 14 days. When the telephone/Internet/electronic health record consultation leads to a transfer of care or other face-to-face service (eg, a surgery, a hospital visit, or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date of the consultant, these codes are not reported.

Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc is included in the telephone/Internet/electronic health record consultation service and should not be reported separately when reporting 99446, 99447, 99448, 99449, 994X6. The majority of the service time reported (greater than 50%) must be devoted to the medical consultative verbal/ or Internet discussion. If greater than 50% of the time for the service is devoted to data review and/or analysis, 99446, 99447, 99448, 99449 should not be reported. However, the service time for 994X6 is based on total review and interprofessional-communication time.

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If more than one telephone/Internet/electronic health record contact(s) is required to complete the consultation request (eg, discussion of test results), the entirety of the service and the cumulative discussion and information review time should be reported with a single code. Codes 99446, 99447, 99448, 99449, 994X6 should not be reported more than once within a seven-day interval.

The written or verbal request for telephone/Internet/electronic health record advice by the treating/requesting physician or other qualified health care professional should be documented in the patient's medical record, including the reason for the request. Codes 99446, 99447, 99448, 99449 conclude with a verbal opinion report and written report from the consultant to the treating/requesting physician or other qualified health care professional. Code 994X6 concludes with only a written report.

Telephone/Internet/electronic health record consultations of less than five minutes should not be reported. Consultant communications with the patient and/or family may be reported using ~~99441~~98966, ~~99442~~98967, ~~99443~~98968, ~~99444~~ 99421, 99422, 99423 *, ~~98966~~99441, ~~98967~~99442, ~~98968~~99443, ~~98969~~, and the time related to these services is not used in reporting 99446, 99447, 99448, 99449. Do not report 99358, 99359 for any time within the service period, if reporting 99446, 99447, 99448, 99449, 994X6.*

When the sole purpose of the telephone/Internet/electronic health record communication is to arrange a transfer of care or other face-to-face service, these codes are not reported.

The treating/requesting physician or other qualified health care professional may report 994X0 if spending 16-30 minutes in a service day preparing for the referral and/or communicating with the consultant. Do not report 994X0 more than once in a 14-day period. The treating/requesting physician or other qualified health care professional may report the prolonged service codes 99354, 99355, 99356, 99357 for the time spent on the interprofessional telephone/Internet/electronic health record discussion with the consultant (eg, specialist) if the time ***exceeds 30 minutes*** *beyond the typical time of the appropriate E/M service performed and the patient is present (on-site) and accessible to the treating/requesting physician or other qualified health care professional. If the interprofessional telephone/Internet/electronic health record assessment and management service occurs when the patient is not present, and the time in a day* ***exceeds 30 minutes****, then the non-face-to-face prolonged service codes 99358, 99359 may be reported by the treating/requesting physician or other qualified health care professional.*

(For telephone services provided by a physician to a patient, see 99441, 99442, 99443)

(For telephone services provided by a qualified health care professional to a patient, see 98966, 98967, 98968)

(For online digital evaluation and management services provided by a physician or other qualified health care professional to a patient, see 99421, 99422, 99423)

~~(For an on-line medical evaluation provided by a physician to a patient, use 99444)~~

~~(For an on-line assessment and management service provided by a qualified health care professional to a patient, use 98969)~~

Care Management Services

Care management services are….

A plan of care must….

Code 99487, 99489…

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Care management activities…..

- *communication and engagement with patient, family members, guardian or caretaker,*
- *surrogate decision makers, and/or other professionals regarding aspects of care;*
- *communication with home health agencies and other community services utilized by the patient;*
- *collection of health outcomes data and registry documentation;*
- *patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;*
- *assessment and support for treatment regimen adherence and medication management;*
- *identification of available community and health resources;*
- *facilitating access to care and services needed by the patient and/or family;*
- *management of care transitions not reported as part of transitional care management (99495, 99496);*
- *ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;*
- *development, communication, and maintenance of a comprehensive care plan*

The care management office/practice must have the following capabilities:

- *provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week;*
- *provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;*
- *provide timely access and management for follow-up after an emergency department visit or facility discharge;*
- *utilize an electronic health record system so that care providers have timely access to clinical information;*
- *use a standardized methodology to identify patients who require care management services;*
- *have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner;*
- *use a form and format in the medical record that is standardized within the practice;*
- *be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.*

E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. A physician or other qualified health care professional who reports codes 99487, 99489, 99490, may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (99366, 99367, 99368, 99441, 99442, 99443), ~~*on-line medical evaluation (98969, 99444)*~~*, preparation of special reports (99080), analysis of data (99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported. All other services may be reported. Do not report 99487, 99489, 99490, 994X7 if reporting ESRD services (90951-90970) during the same*

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month. If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490, 994X7. When reporting 99487, 99489, 99490, do not use time reported with 99421, 99422, 99423.

Complex Chronic Care Management Services

99487 *Complex chronic care management services, with the following required elements:*

- *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,*
- *chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,*
- *establishment or substantial revision of a comprehensive care plan,*
- *moderate or high complexity medical decision making;*
- *60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.*

(Complex chronic care management services of less than 60 minutes duration, in a calendar month, are not reported separately)

+99489 *each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)*

(Report 99489 in conjunction with 99487)

(Do not report 99489 for care management services of less than 30 minutes additional to the first 60 minutes of complex chronic care management services during a calendar month)

(Do not report 99487, 99489, 99490 during the same month with 90951-90970, 93792, 93793, 98960-98962, 98966, 98967, 98968-98969, 99071, 99078, 99080, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441, 99442, 99443-99444-*, 99495, 99496, 99605-99607)*

Transitional Care Management Services

Codes 99495 and 99496 are used to ...

TCM is comprised of one face-to-...

Non-face-to-face services provided by ...

Non-face-to-face services provided by ...

TCM requires a face-to-face visit, ...

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These services address any needed coordination of ...

Medical decision making and the date of ...

Selection of Code Type of Medical Decision Making Face-to-...

Medical decision making is defined by the ...

Only one individual may report these services ...

A physician or other qualified health care professional who reports codes 99495, 99496 may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), education and training (98960-98962, 99071, 99078), telephone services (98966-98968, 99441-99443), end stage renal disease services (90951-90970), ~~online medical evaluation services (98969, 99444),~~ *preparation of special reports (99080), analysis of data (*~~99090,~~ *99091), complex chronic care coordination services (99487-99489), medication therapy management services (99605-99607), during the time period covered by the transitional care management services codes.* When reporting 99487, 99489, 99490, do not use time reported with 99421, 99422, 99423.

★*99496* ***Transitional Care Management Services*** *with the following required elements:*

- *Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge*
- *Medical decision making of high complexity during the service period*
- *Face-to-face visit, within 7 calendar days of discharge*

(Do not report 99495, 99496 in conjunction with 93792, 93793)

(Do not report 90951-90970, 98960-98962, 98966, 98967, 98968, ~~*98969*~~*, 99071, 99078, 99080, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441,* 99442, 99443-~~99444~~*, 99487-99489, 99605-99607, when performed during the service time of codes 99495 or 99496)*

Medicine
Psychiatry
Psychiatric Diagnostic Procedures

90792 *Psychiatric diagnostic evaluation with medical services*

*(Do not report 90791 or 90792 in conjunction with 99201-99337, 99341-99350, 99366-99368, 99401-*9944~~99444~~*, 97X51, 97X52, 97X53, 97X54, 97X55, 97X56, 97X57, 97X58, 0362T, 0373T)*

(Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services)

Home and Outpatient International Normalized Ratio (INR) Monitoring Services

Home and outpatient international normalized ratio (INR) monitoring services describe the management of warfarin therapy, including ordering, review, and interpretation of new INR test result(s), patient instructions, and dosage adjustments as needed.

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If a significantly, separately identifiable evaluation and management (E/M) service is performed on the same day as 93792, the appropriate E/M service may be reported using modifier 25.

Do not report 93793 on the same day as an E/M service.

Do not report 93792, 93793 in conjunction with 98966, 98967, 98968, ~~98969~~, 99441, 99442, 99443, ~~99444~~, 99421, 99422, 99423, when telephone or online digital evaluation and management services address home and outpatient INR monitoring.

Do not report 93792, 93793 when performed during the service time of 99487, 99489, 99490, 99495, 99496.

Non-Face-to-Face Nonphysician Services
~~On-line Medical Evaluation~~
~~Online Digital Evaluation~~
Qualified Nonphysician Health Care Professional Online Digital Evaluation and Management Service (Red Heading)

~~An on-line electronic medical evaluation is a non-face-to-face assessment and management service by a qualified health care professional to a patient using Internet resources in response to a patient's on-line inquiry.~~

~~Reportable services involve the qualified health care professional's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple qualified health care professionals could report their exchange with the same patient. If the on-line medical evaluation refers to an assessment and management service previously performed and reported by the qualified health care professional within the previous seven days (either qualified healthcare professional requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous assessment and management office service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter.~~

~~(For an on-line medical evaluation provided by a physician, use 99444)~~

D*~~98969~~*	-	*~~Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network~~* *~~(Do not report 98969 when using 99339-99340, 99374-99380 for the same communication[s])~~* *~~(Do not report 98969 for home and outpatient INR monitoring when reporting 93792, 93793)~~* *~~(Do not report 98969 during the same month with 99487-99489)~~*	XXX	N/A

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		~~*(Do not report 98969 when performed during the service time of codes 99495, 99496)*~~ Qualified nonphysician health care professional online digital evaluation and management services are patient-initiated digital services with qualified nonphysician health care professionals which require qualified nonphysician health care professional patient evaluation and decision-making to generate an assessment and subsequent management of the patient. These services are not for the non-evaluative electronic communication of test results, scheduling of appointments, or other communication that does not include evaluation and management. While the patient's problem may be new to the qualified nonphysician health care professional, the patient is established. Patients initiate these services through Health Insurance Portability and Accountability Act compliant, secure platforms such as through the electronic health record portal, email, or other digital applications which allow digital communication with the qualified nonphysician health care professional. Qualified nonphysician health care professional online digital evaluation and management services are reported once for the qualified nonphysician health care professional's cumulative time devoted to the service during a seven-day period. The seven-day period begins with the qualified nonphysician health care professional's initial, personal review of the patient-generated inquiry. Qualified nonphysician health care professional cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal qualified nonphysician health care professional interaction with clinical staff focused on the patient's problem, development of management plans including qualified nonphysician health care professional generation of prescriptions or ordering of tests, and subsequent communication with the patient through either online, telephone, email, or other digitally-supported communication. All qualified nonphysician health care professionals in the same group that are involved in the online digital evaluation and management service contribute to the cumulative service time devoted to the patient's online digital evaluation and management service. Qualified nonphysician health care professional online digital evaluation and		

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		management services require visit documentation and permanent storage (electronic or hard copy) of the encounter. If the patient generates the initial online digital inquiry within seven days of a previous treatment or evaluation and management service, and if both services relate to the same problem, or if the online digital inquiry occurs within the postoperative period of a previously completed procedure, then the qualified nonphysician health care professional online digital evaluation and management service is not reported separately. If the patient generates an initial online digital inquiry for a new problem within seven days of a previous service that addressed a different problem, then the qualified nonphysician health care professional online digital evaluation and management service is reported separately. If within seven days of the nonphysician qualified health care professional's initial review of the online digital evaluation management service a separately reported evaluation service occurs, then 98970, 98971, 98972 are not reported. If the patient presents a new unrelated problem during the seven days period of an online digital evaluation and management service, then the time of the qualified nonphysician health care professional's evaluation and management of the additional problem is added to the cumulative service time of the online digital evaluation and management service for that seven-day period. (For an online digital evaluation and management service provided by a physician or qualified health care professional, see 99421, 99422, 99423) (98969 has been deleted. To report, see 98970, 98971, 98972)		
● 98970	DD4	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	XXX	0.25 (HCPAC Recommendation)
● 98971	DD5	11-20 minutes	XXX	0.50 (HCPAC Recommendation)

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● 98972	DD6	21 or more minutes (Report 98970, 98971, 98972 once per 7-day period) (Do not report online digital evaluation services for cumulative visit time less than 5 minutes) (Do not report 98970, 98971, 98972 when using 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99487, 99489, 99495, 99496, 99091 for the same communication[s]) (Do not report 98970, 98971, 98972 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not count 98970, 98971, 98972 time otherwise reported with other services)	XXX	0.80 (HCPAC Recommendation)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98970 Tracking Number Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.25**

CPT Descriptor:
Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male with insulin dependent diabetes submits an online query through his registered dietitian nutritionist's (RDN) EHR portal reporting nausea and vomiting due to the flu and seeking guidance on diabetes self-management.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: • Reviewing the initial patient inquiry, reviewing the medical history, reviewing documents sent by the patient, and checking online data registries/information exchanges
• Assessing medical/nutrition condition described in the patient query
• Reviewing current medications and laboratory test results
• Formulating and sending the registered dietitian response (eg, a nutrition diagnosis and intervention plan and/or requests for additional information) to the patient
• Implementing, initiating, or modifying orders for therapeutics diets, pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, enteral and parenteral nutrition, laboratory test, medications) using approved clinical privileges, delegated orders, protocols or other organization-approved processes
• Follow up communication with the patient
• Communicating with patient's physician to coordinate care
• Completing necessary referrals to programs and/or providers as indicated
• Completing medical record documentation of all communications

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Karen Smith, MS, MBA, RD, LD, FAND		
Specialty Society(ies):	Academy of Nutrition and Dietetics		
CPT Code:	98970		
Sample Size:	15000	**Resp N:** 43	**Response:** 0.2 %
Description of Sample:	Random sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**8.00**	20.00	1000.00
Survey RVW:	0.10	0.25	**0.28**	0.47	28.10
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	7.00	**8.00**	14.00	22.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	98970	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98966	XXX	0.25	**RUC Time**

CPT Descriptor

Telephone evaluation and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment or management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99446	XXX	0.35	**RUC Time**

CPT Descriptor

Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	3,884,402

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	12,807,980

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 53.4 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 18.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 98970	**Top Key Reference CPT Code:** 98966	**2nd Key Reference CPT Code:** **99446**
Median Pre-Service Time	0.00	1.00	3.00
Median Intra-Service Time	8.00	8.00	8.00
Median Immediate Post-service Time	0.00	4.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**8.00**	**13.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	52%	22%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	57%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	52%	39%
Physical effort required	22%	61%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	57%	30%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	75%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	37%	38%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	37%	50%	13%
Physical effort required	62%	38%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	38%	37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The key reference services are 98966 (0.25 wRVU; times of 1/8/4/13) and 99446 (0.35 wRVU; times of 3/8/5/16).

The time range for 98970 is 5-10 minutes. Therefore, the expert panel recommends the median survey intra-service time of 8 minutes which is the midpoint of the range. For work, the expert panel believes that the NPP work for 98970 which extends over 7 days and has the same amount of intra-service time as 98966, should have a work value equivalent to 98966. Over half of the survey respondents selected 98966 as the key reference service code and considered the intensity and complexity of the work identical to this code. Based on the fact that the survey was robust and the respondents thought the vignettes were typical, we are recommending the 25th percentile wRVU of 0.25.

General Consideration:
The eVisit codes presented for valuation to the RUC and HCPAC are one unified set of codes and thus the expert panel feels should be valued consistently. The separate nature of the code set (i.e., physician vs. NPP) is artificial due to coding conventions that preclude some NPPs from billing E/M codes. As a result, the CPT panel created the 3 NPP codes within this code family recognizing that the same services are rendered by providers who cannot bill E/M services. RUC procedures require the codes to be surveyed separately with recommendations presented to the RUC for the physician codes and the HCPAC for the NPP codes. Precedent exists within HCPAC and RUC with the telephone services codes for valuation of the physician and NPP codes at the same level. When the telephone services codes were valued by the RUC and HCPAC, the HCPAC determined that the non-physician work for codes 98966-98968 was equivalent to the physician work for codes 99441-99443 (see RUC database). These codes (98966-98968) were identified as the top key reference service codes by survey respondents.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 98969

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Academy of Nutrition and Dietetics How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 59158
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on the most recent Medicare utilization data (2016) for MNT and DSMT services to established patients. That data indicates 176,089 unique Medicare beneficiaries receiving such services. Assuming 20% of patients will initiate such services (based on the general rule that 20% of patients consume 80% of resources), we estimate a patient base of 35,218 Medicare patients. Applying the proportion of median utilization response data from our survey for the 3 codes in the NPP code set, we estimated the service would be provided to 42% of these Medicare patients. We then estimated the national utilization to be 4 times that of Medicare utilization to encompass pediatric patients as well as the full range of conditions for which MNT is medically-necessary (Medicare currenlty limits MNT services to beneficiaries with diabetes and chronic kidney disease).

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,792 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on the most recent Medicare utilization data (2016) for MNT and DSMT services to established patients. That data indicates 176,089 unique Medicare beneficiaries receiving such services. Assuming 20% of patients will initiate such services (based on the general rule that 20% of patients consume 80% of resources), we estimate a patient base of 35,218 Medicare patients. Applying the proportion of median utilization response data from our survey for the 3 codes in the NPP code set, we estimated the service would be provided to 42% of Medicare patients.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Specialist

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97803

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98971 Tracking Number Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.50**

CPT Descriptor:
Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
A 65-year-old male with congestive heart failure submits an online query through HIPAA compliant encrypted email to his registered dietitian nutritionist regarding a recent 7 pound weight gain.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: • Reviewing the initial patient inquiry, reviewing the medical history, reviewing documents sent by the patient, and checking online data registries/information exchanges
• Assessing medical/nutrition condition described in the patient query
• Reviewing current medications and laboratory test results
• Formulating and sending the registered dietitian response (eg, a nutrition diagnosis and intervention plan and/or requests for additional information) to the patient
• Implementing, initiating, or modifying orders for therapeutics diets, pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, enteral and parenteral nutrition, laboratory test, medications) using approved clinical privileges, delegated orders, protocols or other organization-approved processes
• Follow up communication with the patient
• Communicating with patient's physician to coordinate care
• Completing necessary referrals to programs and/or providers as indicated
• Completing medical record documentation of all communications

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Karen Smith, MS, MBA, RD, LD, FAND		
Specialty Society(ies):	Academy of Nutrition and Dietetics		
CPT Code:	98971		
Sample Size:	15000	**Resp N:** 48	**Response:** 0.3 %
Description of Sample:	Random sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**6.00**	17.00	700.00
Survey RVW:	0.18	0.44	**0.50**	0.70	38.15
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**15.00**	20.00	38.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	98971	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98967	XXX	0.50	**RUC Time**

CPT Descriptor

Telephone evaluation and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment or management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99447	XXX	0.70	**RUC Time**

CPT Descriptor Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 11-20 minutes of medical consultative discussion and review

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
97803	XXX	0.45	**RUC Time**	199,738

CPT Descriptor 1 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	98,201,339

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 47.9 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 20.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 98971	**Top Key Reference CPT Code:** 98967	**2nd Key Reference CPT Code:** **99447**
Median Pre-Service Time	0.00	1.00	3.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	0.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**21.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	57%	35%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	52%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	48%	48%
Physical effort required	0%	78%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	43%	48%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	50%	40%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	20%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	30%	40%	30%
Physical effort required	40%	50%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The key reference services are 98967 (0.50 wRVU; times 1/15/5/21) and 99447 (0.70 wRVU; times of 3/15/5/23).

The time range for 98971 is 10-20 minutes. Therefore, the expert panel recommends the median survey intra-service time of 15 minutes which is the midpoint of the range. For work, the expert panel believes that the NPP work for 98971 which extends over 7 days and has the same amount of intra-service time as 98967, should have a work value equivalent to or higher than 98967. Based on the fact that the survey was robust and the respondents thought the vignettes were typical, we are recommending the 50th percentile wRVU of 0.50. The expert panel feels this value is justified for the following reasons: (1) survey respondents consistently reported the overall time/intensity of 98971, as well as all of the individual work components, as identical to or more intense than the key reference service code; and (2) creates appropriate rank order within the 3 codes based on work and intra-service time.

General Consideration:
The eVisit codes presented for valuation to the RUC and HCPAC are one unified set of codes and thus the expert panel feels should be valued consistently. The separate nature of the code set (i.e., physician vs. NPP) is artificial due to coding conventions that preclude some NPPs from billing E/M codes. As a result, the CPT panel created the 3 NPP codes within this code family recognizing that the same services are rendered by providers who cannot bill E/M services. RUC procedures require the codes to be surveyed separately with recommendations presented to the RUC for the physician codes and the HCPAC for the NPP codes. Precedent exists within HCPAC and RUC with the telephone services codes for valuation of the physician and NPP codes at the same level. When the telephone services codes were valued by the RUC and HCPAC, the HCPAC determined that the non-physician work for codes 98966-98968 was equivalent to the physician work for codes 99441-99443 (see RUC database). These codes (98966-98968) were identified as the top key reference service codes by survey respondents.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 98969

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Academy of Nutrition and Dietetics How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 45080
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on the most recent Medicare utilization data (2016) for MNT and DSMT services to established patients. That data indicates 176,089 unique Medicare beneficiaries receiving such services. Assuming 20% of patients will initiate such services (based on the general rule that 20% of patients consume 80% of resources), we estimate a patient base of 35,218 Medicare patients. Applying the proportion of median utilization response data from our survey for the 3 codes in the NPP code set, we estimated the service would be provided to 32% of Medicare patients. We then estimated the national utilization to be 4 times that of Medicare utilization to encompass pediatric patients as well as the full range of conditions for which MNT is medically-necessary (Medicare currenlty limits MNT services to beneficiaries with diabetes and chronic kidney disease).

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,270 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on the most recent Medicare utilization data (2016) for MNT and DSMT services to established patients. That data indicates 176,089 unique Medicare beneficiaries receiving such services. Assuming 20% of patients will initiate such services (based on the general rule that 20% of patients consume 80% of resources), we estimate a patient base of 35,218 Medicare patients. Applying the proportion of median utilization response data from our survey for the 3 codes in the NPP code set, we estimated the service would be provided to 32% of Medicare patients.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Specialist

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97803

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98972 Tracking Number Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.80**

CPT Descriptor:
Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey:
A 40-year-old female with newly diagnosed type 2 diabetes submits an online query through her registered dietitian nutritionist's EHR portal after noticing her morning fasting blood glucose levels were gradually increasing.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: • Reviewing the initial patient inquiry, reviewing the medical history, reviewing documents sent by the patient, and checking online data registries/information exchanges
• Assessing medical/nutrition condition described in the patient query
• Reviewing current medications and laboratory test results
• Formulating and sending the registered dietitian response (eg, a nutrition diagnosis and intervention plan and/or requests for additional information) to the patient
• Implementing, initiating, or modifying orders for therapeutics diets, pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, enteral and parenteral nutrition, laboratory test, medications) using approved clinical privileges, delegated orders, protocols or other organization-approved processes
• Follow up communication with the patient
• Communicating with patient's physician to coordinate care
• Completing necessary referrals to programs and/or providers as indicated
• Completing medical record documentation of all communications

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Karen Smith, MS, MBA, RD, LD, FAND		
Specialty Society(ies):	Academy of Nutrition and Dietetics		
CPT Code:	98972		
Sample Size:	15000	**Resp N:** 48	**Response:** 0.3 %
Description of Sample:	Random sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	21.00	1008.00
Survey RVW:	0.25	0.69	**0.75**	1.00	56.80
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	20.00	**26.00**	30.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

Select Pre-Service Package

CPT Code:	98972	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
98968	XXX	0.75	**RUC Time**

CPT Descriptor

Telephone evaluation and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment or management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99448	XXX	1.05	**RUC Time**

CPT Descriptor Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 21-30 minutes of medical consultative discussion and review

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	12,807,980

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.50	**RUC Time**	103,181,579

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of

moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 52.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 98972	**Top Key Reference CPT Code:** 98968	**2nd Key Reference CPT Code:** **99448**
Median Pre-Service Time	0.00	1.00	5.00
Median Intra-Service Time	25.00	25.00	25.00
Median Immediate Post-service Time	0.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**36.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	44%	32%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	36%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	40%	56%
Physical effort required	8%	64%	28%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The key reference services are 98968 (0.75 wRVU; times of 1/25/10/36) and 99448 (1.05 wRVU; times of 5/25/5/35).

The time for 98972 is 21 or more minutes. Therefore, the expert panel recommends the median intra-service time of 26 minutes which the expert panel agrees is typical. For work, the expert panel believes that the NPP work for 98972 which extends over 7 days and has the same amount of intra-service time as 98968 and 99448 should have a work value similar to or higher than 98968. Based on the fact that the survey respondents thought the vignettes were typical and consistently reported the overall time/intensity of 98972, as well as all of the individual work components, as identical to or more intense than the key reference service code, we are recommending a wRVU of 0.80, which is slightly above the 50th percentile. The expert panel feels this value is justified because survey respondents consistently reported the overall time/intensity of 98972, as well as all of the individual work components, as more intense than the key reference service code. This wRVU also creates appropriate rank order with the two key reference service codes, both of which have the same intra-service time.

General Consideration:
The eVisit codes presented for valuation to the RUC and HCPAC are one unified set of codes and thus the expert panel feels should be valued consistently. The separate nature of the code set (i.e., physician vs. NPP) is artificial due to coding conventions that preclude some NPPs from billing E/M codes. As a result, the CPT panel created the 3 NPP codes within this code family recognizing that the same services are rendered by providers who cannot bill E/M services. RUC procedures require the codes to be surveyed separately with recommendations presented to the RUC for the physician codes and the HCPAC for the NPP codes. Precedent exists within HCPAC and RUC with the telephone services codes for valuation of the physician and NPP codes at the same level. When the telephone services codes were valued by the RUC and HCPAC, the HCPAC determined that the non-physician work for codes 98966-98968 was equivalent to the physician work for codes 99441-99443 (see RUC database). These codes (98966-98968) were identified as the top key reference service codes by survey respondents.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 98969

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Academy of Nutrition and Dietetics How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 36628
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on the most recent Medicare utilization data (2016) for MNT and DSMT services to established patients. That data indicates 176,089 unique Medicare beneficiaries receiving such services. Assuming 20% of patients will initiate such services (based on the general rule that 20% of patients consume 80% of resources), we estimate a patient base of 35,218 Medicare patients. Applying the proportion of median utilization response data from our survey for the 3 codes in the NPP code set, we estimated the service would be provided to 26% of Medicare patients. We then estimated the national utilization to be 4 times that of Medicare utilization to encompass pediatric patients as well as the full range of conditions for which MNT is medically-necessary (Medicare currenlty limits MNT services to beneficiaries with diabetes and chronic kidney disease).

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,157
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is based on the most recent Medicare utilization data (2016) for MNT and DSMT services to established patients. That data indicates 176,089 unique Medicare beneficiaries receiving such services. Assuming 20% of patients will initiate such services (based on the general rule that 20% of patients consume 80% of resources), we estimate a patient base of 35,218 Medicare patients. Applying the proportion of median utilization response data from our survey for the 3 codes in the NPP code set, we estimated the service would be provided to 26% of Medicare patients.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Specialist

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 97803

SS Rec Summary

ISSUE: Online Digital Evaluation Service (e-Visit)

TAB: 41

Vignette Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	98966	Telephone evaluation and management service provided	23	0.017			0.25			13	1					8			4					
	2nd REF	99446	Interprofessional telephone/Internet/electronic	8	0.021			0.35			16	3					8			5					
	CURRENT				#DIV/0!						0														
77%	SVY	98970	Qualified nonphysician healthcare professional online	43	0.035	0.10	0.25	0.28	0.47	28.10	8				3	7	8	14	22	0	0	0	8	20	1000
	REC	98970			0.031			0.25			8						8								
	1st REF	98967	Telephone evaluation and management service provided	23	0.024			0.50			21	1					15			5					
	2nd REF	99447	Interprofessional telephone/Internet/electronic	10	0.035			0.70			23	3					15			5					
	CURRENT				#DIV/0!						0														
81%	SVY	98971	Qualified nonphysician healthcare professional online	48	0.033	0.18	0.44	0.50	0.70	38.15	15				5	15	15	20	38	0	0	0	6	17	700
	REC	98971			0.033			0.50			15						15								
	1st REF	98968	Telephone evaluation and management service provided	25	0.020			0.75			36	1					25			10					
	2nd REF	99448	Interprofessional telephone/Internet/electronic	6	0.033			1.05			35	5					25			5					
	CURRENT				#DIV/0!						0														
85%	SVY	98972	Qualified nonphysician qualified healthcare	48	0.029	0.25	0.69	0.75	1.00	56.80	26				6	20	26	30	60	0	0	0	5	21	780
	REC	98972			0.032			0.80			25						25								

ISSUE: Online Digital Evaluation Service (eVisit)
TAB: 21 & 41c

Vignette Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	99441	Telephone evaluation and management service by a physician or other q	34	0.017			0.25			13	1				8			4					
	2nd REF	99212	Office or other outpatient visit for the evaluation and management of an e	30	0.035			0.48			16	2				10			4					
	CURRENT				#DIV/0!																			
67%	AAFP	99421	Online digital evaluation and management service, for an established pa	3	0.070	0.18	0.27	0.35	0.43	0.50	5			3	4	5	8	10		0	0	0	2	3
88%	AAP	99421	Online digital evaluation and management service, for an established pa	33	0.044	0.02	0.25	0.35	0.48	1.20	8			2	7	8	10	17		0	0	4	30	500
94%	ACP	99421	Online digital evaluation and management service, for an established pa	32	0.060	0.15	0.27	0.48	0.50	5.00	8			2	5	8	10	20		0	0	18	53	720
83%	AGS	99421	Online digital evaluation and management service, for an established pa	24	0.057	0.20	0.29	0.40	0.50	1.25	7			3	5	7	10	25		0	0	8	53	1000
88%	Total SVY	99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	92	0.050	0.02	0.25	0.40	0.50	5.00	8			2	5	8	10	25		0	0	5	50	1000
	REC	99421			0.031			0.25			8					8								

Vignette Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	98966	Telephone evaluation and management service provided by a qualified r	23	0.017			0.25			13	1				8			4					
	2nd REF	99446	Interprofessional telephone/Internet/electronic health record assessment	8	0.021			0.35			16	3				8			5					
	CURRENT				#DIV/0!						0													
77%	SVY	98970	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	43	0.035	0.10	0.25	0.28	0.47	28.10	8			3	7	8	14	22	0	0	0	8	20	1000
	REC	98970			0.031			0.25			8					8								
	1st REF	99442	Telephone evaluation and management service by a physician or other q	34	0.024			0.50			21	1				15			5					
	2nd REF	99213	Office or other outpatient visit for the evaluation and management of an e	29	0.053			0.97			23	3				15			5					
	CURRENT				#DIV/0!																			
67%	AAFP	99422	Online digital evaluation and management service, for an established pa	3	0.038	0.40	0.43	0.45	0.55	0.65	12			5	9	12	14	15		0	0	0	2	3
79%	AAP	99422	Online digital evaluation and management service, for an established pa	34	0.032	0.29	0.50	0.58	0.95	1.75	18			4	15	18	20	30		0	0	5	19	900
91%	ACP	99422	Online digital evaluation and management service, for an established pa	32	0.051	0.30	0.60	0.76	1.00	9.00	15			4	12	15	20	30		0	0	11	35	1000
93%	AGS	99422	Online digital evaluation and management service, for an established pa	27	0.054	0.40	0.58	0.75	0.97	2.88	14			6	12	14	17	35		0	0	4	33	500
87%	Total SVY	99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	96	0.047	0.29	0.50	0.70	0.97	25.00	15			4	12	15	20	35		0	0	5	35	1000
	REC	99422			0.033			0.50			15					15								

	1st REF	98967	Telephone evaluation and management service provided by a qualified r	23	0.024			0.50			21	1			15			5				
	2nd REF	99447	Interprofessional telephone/Internet/electronic health record assessment	10	0.035			0.70			23	3			15			5				
	CURRENT				#DIV/0!						0											
81%	SVY	98971	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	48	0.033	0.18	0.44	0.50	0.70	38.15	15		5	15	15	20	38	0	0	0	6	17	700
	REC	98971			0.033			0.50			15				15								
	1st REF	99214	Office or other outpatient visit for the evaluation and management of an e	35	0.047			1.50			40	5			25			10				
	2nd REF	99443	Telephone evaluation and management service by a physician or other q	32	0.025			0.75			31	1			20			10				
	CURRENT				#DIV/0!																	
67%	AAFP	99423	Online digital evaluation and management service, for an established pa	3	0.043	0.50	0.68	0.85	1.13	1.40	20		9	15	20	20	20		0	0	0	0	0
91%	AAP	99423	Online digital evaluation and management service, for an established pa	33	0.040	0.38	0.78	1.00	1.40	2.50	25		7	22	25	30	52		0	0	1	5	100
90%	ACP	99423	Online digital evaluation and management service, for an established pa	31	0.048	0.25	0.94	1.05	1.50	12.00	22		6	19	22	29	40		0	0	4	18	500
100%	AGS	99423	Online digital evaluation and management service, for an established pa	28	0.048	0.10	0.75	1.16	1.50	3.14	24		9	20	24	28	50		0	0	2	22	240
93%	Total SVY	99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	95	0.042	0.10	0.80	1.05	1.50	12.00	25		6	20	25	30	52		0	0	1	15	500
	REC	99423			0.032			0.80			25				25								
	1st REF	98968	Telephone evaluation and management service provided by a qualified r	25	0.020			0.75			36	1			25			10				
	2nd REF	99448	Interprofessional telephone/Internet/electronic health record assessment	6	0.033			1.05			35	5			25			5				
	CURRENT				#DIV/0!						0											
85%	SVY	98972	Qualified nonphysician qualified healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	48	0.029	0.25	0.69	0.75	1.00	56.80	26		6	20	26	30	60	0	0	0	5	21	780
	REC	98972			0.032			0.80			25				25								

CPT Code: 98970-98972
Specialty Society: AND

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

98970	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, cumulative time during 7 days; 5-10 minutes
98971	11-20 minutes
98972	21 or more minutes

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An expert panel composed of the society's RUC advisors, CPT advisors, and members providing such services was convened for purposes of developing recommended PE inputs for these codes. The expert panel of advisors conferred by email and met by conference call to develop their recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Reference code for non-physician healthcare professional services:
   98969 (Online assessment and management service provided by a qualified non-physician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network)

   The expert panel considered the direct practice expense inputs for 98969 as recommended to the HCPAC in 2007, the most recent date the HCPAC considered this code. The expert panel is aware that, when CMS chose not to cover 98969, it disregarded both the non-physician healthcare professional work and direct practice expense inputs. Thus, the practice expense spreadsheet accompanying this summary of recommendation shows both the current inputs (none) for 98969 in columns S and T and the inputs as recommended to the HCPAC in 2007 (columns Q and R).

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

These are new codes, and the reference code (98969) is not covered by Medicare, so we have no data on utilization. For new codes 98970-98972, we anticipate registered dieticians will be the dominant provider in the non-facility setting and provide the service more than 50% of the time. We anticipate that the dominant provider in non-facility setting will be the same as the dominant provider in all settings.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   (not applicable)

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   (not applicable)

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   (not applicable)

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   (not applicable)

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

No clinical staff is utilized during the intra-service period as it is not typical for non-physician providers to have access to clinical staff to assist with this service.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

    (not applicable)

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

    (not applicable)

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    (not applicable)

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    (not applicable)

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    (not applicable)

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    ED021 - computer, desktop, w-monitor
    This equipment is used solely by the non-physician healthcare professional to provide service. The time entered on the practice expense spreadsheet represents the non-physician healthcare professional's intra-service time and is not linked to any cell on the spreadsheet, because there is no clinical staff time. The time for equipment is the entire time that it takes the non-physician healthcare professional to perform the services.

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    (not applicable)

17. If there is any other item on your spreadsheet that needs further explanation, please include here:

    (not applicable)

18. Please include an explanation of each line item:

    (not applicable)

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**CURRENT**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**99444 (as recommended by specialties in 2007)**		**99444**		**99421**		**99422**		**99423**		**98969 (as recommended by specialties in 2007)**		**98969**	
3		***RUC Collaboration Website***																	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Online evaluation and management service provided by a physician or other		Online evaluation and management service provided by a physician or other		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online assessment and management service provided by a qualified		Online evaluation and management service provided by a physician or other	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 2.22**	**$ -**	**$ -**	**$ -**	**$ 1.59**	**$ -**	**$ 2.97**	**$ -**	**$ 4.95**	**$ -**	**$ 4.08**	**$ 1.86**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**6.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 2.22**	**$ -**	**$ -**	**$ -**	**$ 1.48**	**$ -**	**$ 2.78**	**$ -**	**$ 4.63**	**$ -**	**$ 2.22**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**																	
14		**Start: Following visit when decision for surgery or procedure made**																	
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37														
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37														
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37														
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37														
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37														
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37														
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37	2										2			
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37														
29		**End: When patient enters office/facility for surgery/procedure**																	
30		**SERVICE PERIOD**																	
31		**Start: When patient enters office/facility for surgery/procedure:**																	
32		**Pre-Service (of service period)**																	
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37														
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37														
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37														
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37														
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37														
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37														
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37														
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37														
48		**Intra-service (of service period)**																	
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37					4		7.5		12.5					
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37														
59		**Post-Service (of service period)**																	
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37														
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37														
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37														
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37														
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37														
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37														
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37														
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37														
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37														
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37														
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue	L037D	RN/LPN/MTA	0.37														
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37														
72	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37														
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37														
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
81		**End: Patient leaves office**																	
82		**POST-SERVICE PERIOD**																	
83		**Start: Patient leaves office/facility**																	
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37														
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37	4										4			
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**																	

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**CURRENT**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**99444 (as recommended by specialties in 2007)**		**99444**		**99421**		**99422**		**99423**		**98969 (as recommended by specialties in 2007)**		**98969**	
3		***RUC Collaboration Website***																	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Online evaluation and management service provided by a physician or other		Online evaluation and management service provided by a physician or other		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online assessment and management service provided by a qualified		Online evaluation and management service provided by a physician or other	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 2.22**	**$ -**	**$ -**	**$ -**	**$ 1.59**	**$ -**	**$ 2.97**	**$ -**	**$ 4.95**	**$ -**	**$ 4.08**	**$ 1.86**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**6.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**															
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1.86**	**$ 1.86**	**$ -**	**$ -**
102	SK062	patient education booklet	1.8625	item												1	1		
103		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*																	
105	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**														
106		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.11**	**$ -**	**$ 0.20**	**$ -**	**$ 0.33**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
107	ED021	computer, desktop, w-monitor	2208.8333	Other Formula	0.008751831					12		22.5		37.5					
108																			
109																			
110																			
111																			
112																			
113		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																	

	A	B	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**98970**		**98971**		**98972**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.07**	**$ -**	**$ 0.13**	**$ -**	**$ 0.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms						
16	CA002	Coordinate pre-surgery services (including test results)						
17	CA003	Schedule space and equipment in facility						
18	CA004	Provide pre-service education/obtain consent						
19	CA005	Complete pre-procedure phone calls and prescription						
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)						
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)						
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**		**n/a**		**n/a**	
81		**End: Patient leaves office**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**						

	A	B	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**98970**		**98971**		**98972**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.07**	**$ -**	**$ 0.13**	**$ -**	**$ 0.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SK062	patient education booklet						
103		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
105	**Equipment Code**	**EQUIPMENT**						
106		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.07**	**$ -**	**$ 0.13**	**$ -**	**$ 0.22**	**$ -**
107	ED021	computer, desktop, w-monitor	8		15		25	
108								
109								
110								
111								
112								
113		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

AMA/Specialty Society RVS Update Committee
Health Care Professionals Advisory Committee Review Board Summary of Recommendations
Negative IWPUT

January 2019

Health and Behavior Assessment and Intervention – Tab 41

In September 2018, CPT replaced six codes with nine new codes to more accurately reflect current clinical practices in describing health behavior assessment services.

Compelling Evidence
The nine codes used to describe Health Behavior Assessment and Intervention in this family reflect significant changes in the healthcare delivery system since they were originally described and valued in 2001. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The RUC rationale for the original valuation of this family was a flawed methodology. The RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 RVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be reported four (4) times per patient encounter, comprising a comparable 60-minute service to 90801. However, the values are within the 0.44-0.50 range which is not consistent with the methodology. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

The assumption that every code would typically be reported for 60 minutes (four (4) 15-minute increments) was incorrect. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As detailed in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

		Number of Unique Occurrences (Same Day, Same Patient, Same Provider)			
CPT® Code	**Description**	**Mean**	**25th Percentile**	**Median**	**75th Percentile**
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3

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96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the psychotherapy code set was reevaluated by the RUC in 2012. As detailed in the chart below, all the codes in current Health and Behavior code set are valued significantly lower when times and work RVUs are calculated to match those parallel services in the updated psychotherapy code set.

Psychotherapy				**Health Behavior Assessment and Intervention**			
CPT® Code	**Units of Time**	**RVU**		**CPT® Code**	**Calculated Time**	**RVU**	**Calculated RVU**
90791	60 mins	**3.00**		**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**		**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**		**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**		**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**		**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

For the family there is increasing intensity and complexity based on the service and number of patients involved. The HCPAC work recommendations for this family as outlined below have the appropriate rank order for the typical length of service starting with the lowest total

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work RVU for the health behavior assessment, including reassessment and moving through the individual intervention, group intervention, family intervention without patient present and family intervention with patient present.

Health and Behavior Assessment & Intervention Recommendations						
CPT Code	**Code Descriptor**	**Intra**	**Proposed RVW**	**Converted Units**	**Total Time (mins)**	**Total RVWs**
Assessment						
96156	**Health behavior assessment, including re-assessment**	45	2.10	**1**	**45**	**2.10**
Individual Intervention						
96158	**Health behavior individual intervention, initial 30 minutes**	30	1.45	**1**	**60**	**2.45**
96159	**each additional 15 minutes**	15	0.5	**2**		
Group Intervention						
Per Patient						
96164	Health behavior group intervention; initial 30 minutes	30	0.21	**1**	**60**	**0.41**
96165	each additional 15 minutes	15	0.10	**2**		
Per Session (x 7 typical patients/group)						
96164	Health behavior group intervention; initial 30 minutes	30	0.21	**1**	**420**	**2.87**
96165	each additional 15 minutes	15	0.10	**2**		

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Family Intervention WITH patient present						
96167	Health behavior family intervention (with patient present); initial 30 minutes	30	1.55	**1**	**75**	**3.20**
96168	each additional 15 minutes	15	0.55	**3**		
Family Intervention WITHOUT patient present						
96170	Health behavior family intervention (without the patient present); initial 30 minutes	30	1.50	**N/A**	**N/A**	**N/A**
96171	each additional 15 minutes	15	0.54			

96156 ***Health behavior assessment, including re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)***

The HCPAC reviewed the survey results from 90 psychologists and determined that the survey median work RVU of 3.00 overestimates the work required to perform this service. The HCPAC agreed with the specialty society that the survey respondents had estimated the value of the survey code that has 45 minutes of intra-service time, to be equal to that of the key reference service CPT code 90791 *Psychiatric diagnostic evaluation* (work RVU = 3.00 and 60 minutes intra-service time) that has 60 minutes of intra-service time. Further, the HCPAC agreed with the specialty society that the survey 25th percentile work RVU of 1.87 was too low of a value and did not accurately capture the complexity and intensity of current practice. The HCPAC determined that a direct crosswalk to CPT code 90845 *Psychoanalysis* (work RVU = 2.10 and 45 minutes intra-service time) is appropriate. The HCPAC recommends 10 minutes pre-service time, 45 minutes intra-service time and 15 minutes post-service time.

The HCPAC compared the surveyed code to MPC code 90834 *Psychotherapy, 45 minutes with patient* (work RVU = 2.00 and 45 minutes intra-service time) and 99215 *Office or other outpatient visit for the evaluation and management of an established patient,…* (work RVU = 2.11 and 35 minutes intra-service time), which demonstrates the appropriate relativity among similar services. **The HCPAC recommends a work RVU of 2.10 for CPT code 96156.**

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96158 ***Health behavior intervention, individual, face-to-face; initial 30 minutes***
The HCPAC reviewed the survey results from 116 psychologists and determined that the survey 25th percentile work RVU of 1.45 appropriately accounts for the work required to perform this service. The HCPAC recommends 5 minutes pre-service time, 30 minutes intra-service time and 10 minutes post-service time. The HCPAC compared the surveyed code to the top key reference service 90832 *Psychotherapy, 30 minutes with patient* (work RVU = 1.50, 5 pre-service, 30 intra and 10 post-service time) and noted that these services require similar work and should be valued similarly.

For additional support the HCPAC referenced CPT code 99491 *Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month,…* (work RVU = 1.45 and 30 minutes intra-service time) and noted that the services have identical intra-service time and should be valued identically. **The HCPAC recommends a work RVU of 1.45 for CPT code 96158.**

96159 ***Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service)***
The HCPAC reviewed the survey results from 113 psychologists and determined that both the survey median value of 0.80 and the 25th percentile value of 0.66 were valued too high for this add-on service. The HCPAC determined that the survey respondents did not select ZZZ codes as their top key reference or second key reference services because the base and add-on code structure is not common to psychologists and they are not yet familiar with their usage. Because most of the survey respondents did not utilize any of the ZZZ codes available on the reference service list, the value of the add-on codes was overestimated. The HCPAC determined that a direct crosswalk to CPT code 11045 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 0.50 and 15 minutes intra-service time) is appropriate. The HCPAC recommends 15 minutes intra-service time.

The HCPAC compared the surveyed code to CPT code 88177 *Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)* (work RVU = 0.42 and 15 minutes intra-service time) and 11107 *Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)* (work RVU = 0.54 and 15 minutes intra-service time), which demonstrates the appropriate relativity among similar services. **The HCPAC recommends a work RVU of 0.50 for CPT code 96159.**

96164 ***Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes***
The HCPAC reviewed the survey results from 41 psychologists with the understanding that the survey respondents were asked to evaluate the group service in total and not based on an individual group participant. Also, a custom survey question was added that asked respondents to provide the average number of patients that attend a typical health behavior group intervention session. The question yielded a median response of seven patients. The intent was to obtain per session data on the service, that could then be divided by the average number of patients to yield the

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per patient data. The HCPAC agreed with the specialty that the median per session work value of 1.25 RVUs converted to the per patient work value of 0.18 RVUs was too low. The HCPAC determined that a direct crosswalk to CPT code 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* (work RVU = 0.21 and 2 minutes pre-service, 5 minutes intra-service and 2 minutes post-service time) is appropriate. The HCPAC recommends 2 minutes pre-service time, 5 minutes intra-service time, 2 minutes post-service time, for 9 minutes total time for surveyed code 96164.

The HCPAC compared the surveyed code to CPT code 96401 *Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic* (work RVU = 0.21 and 4 minutes pre-service, 3 minutes intra-service, 2 minutes post-service time and 9 minutes total time), noting that the total time is identical to the surveyed code and should be valued identically. The HCPAC also compared the survey code to CPT code 97804 *Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes* (work RVU = 0.25 and 2 minutes pre-service, 6 minutes intra-service and 2 minutes post-service time), which is a smaller group of typically 5 patients and an appropriately lower total work value per session at 1.25 work RVUs. **The HCPAC recommends a work RVU of 0.21 for CPT code 96164.**

96165 ***Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)***
The HCPAC reviewed the survey results from 40 psychologists and determined that the survey respondents did not select ZZZ codes as their top key reference or second key reference services because the base and add-on code structure is not common to psychologists and they are not yet familiar with their usage. The HCPAC determined that a direct crosswalk to add-on code 96375 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)* (work RVU = 0.10 and 4 minutes intra-service time) is appropriate. The HCPAC recommends 4 minutes intra-service time for add-on code 96165.

The HCPAC compared the surveyed code to CPT code 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)* (work RVU = 0.20 and 4 minutes intra-service and 7 minutes total), which is an add-on code for each additional substance/drug administered requiring pre- and post-service time and should be valued higher than the surveyed code. **The HCPAC recommends a work RVU of 0.10 for CPT code 96165.**

96167 ***Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes***
The HCPAC reviewed the survey results from 52 psychologists and determined that both the survey median value of 2.18 and the 25th percentile value of 1.58 were valued too high for this service. The HCPAC determined that a direct crosswalk to CPT code 76873 *Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)* (work RVU = 1.55 and 30 minutes intra-service time) is appropriate. The HCPAC recommends 5 minutes pre-service time, 30 minutes intra-service time, and 10 minutes post-service time for surveyed code 96167.

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The HCPAC compared the surveyed code to CPT code 99203 *Office or other outpatient visit for the evaluation and management of a new patient,…*(work RVU = 1.42 and 30 minutes intra-service time) and 99492 *Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements…* (work RVU = 1.70 and 40 minutes intra-service time), which demonstrates the appropriate relativity among similar services. **The HCPAC recommends a work RVU of 1.55 for CPT code 96167.**

96168 ***Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)***

The HCPAC reviewed the survey results from 52 psychologists and determined that the survey respondents did not select ZZZ codes as their key reference or second key reference services because the base and add-on code structure is not common to psychologists and they are not yet familiar with their usage. Also, if the survey respondent was attempting to value this service relative to the base code, 96167, there is a very limited number of ZZZ codes that fall within the appropriate range. The HCPAC determined that a direct crosswalk to add-on code 96571 *Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)* (work RVU = 0.55 and 15 minutes intra-service time) is appropriate. The HCPAC recommends 15 minutes intra-service time for add-on code 96168.

The HCPAC compared the surveyed code to MPC code 11045 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 0.50 and 15 minutes intra-service time) and 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)* (work RVU = 0.60 and 15 minutes intra-service time and 17 minutes total time), which demonstrates the appropriate relativity among similar services. **The HCPAC recommends a work RVU of 0.55 for CPT code 96168.**

96170 ***Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes***

The HCPAC reviewed the survey results from 36 psychologists and determined that the survey 25th percentile work RVU of 1.50 appropriately accounts for the work required to perform this service. The HCPAC recommends 5 minutes pre-service time, 30 minutes intra-service time and 10 minutes post-service time. The HCPAC compared the surveyed code to the second key reference service 90832 *Psychotherapy, 30 minutes with patient* (work RVU = 1.50, 5 pre-service, 30 intra-service and 10 post-service time) and noted that these services require identical work and should be valued identically.

For additional support the HCPAC referenced CPT code 99497 *Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate* (work RVU = 1.50 and 30 minutes intra-service time) and noted

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that the services have identical intra-service time and should be valued identically. **The HCPAC recommends a work RVU of 1.50 for CPT code 96170.**

96171 ***Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)***
The HCPAC reviewed the survey results from 36 psychologists and determined that both the survey median value of 0.90 and the 25th percentile value of 0.59 were valued too high for this add-on service. The HCPAC determined that the survey respondents did not select ZZZ codes as their key reference or second key reference services because the base and add-on code structure is not common to psychologists and they are not yet familiar with their usage. The HCPAC determined that a direct crosswalk to CPT code 11107 *Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)* (work RVU = 0.54 and 15 minutes intra-service time) is appropriate. The HCPAC recommends 15 minutes intra-service time for add-on code 96171.

The HCPAC compared the surveyed code to MPC code 11045 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 0.50 and 15 minutes intra-service time) and 77003 *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)* (work RVU = 0.60 and 15 minutes intra-service time and 17 minutes total time), which demonstrates the appropriate relativity among similar services. **The HCPAC recommends a work RVU of 0.54 for CPT code 96171.**

Practice Expense
The PE Subcommittee removed supply item SA034, *kit, therapeutic toys-games (50% of the time)* from the codes where it was recommended because although it is required to provide the service it is reusable and would be considered an indirect supply. The PE Subcommittee did add supply item SM022, *sanitizing cloth-wipe (surface, instruments, equipment)* to clean the toys and games for reuse. The HCPAC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Preventive Medicine Services** **Counseling Risk Factor Reduction and Behavior Change Intervention** **New or Established Patient** *These codes are used to report services provided face-to-face…* *Preventive medicine counseling and risk factor reduction…* *Behavior change interventions are for persons who have a behavior…* *For counseling groups of patients with symptoms or established…* Health ~~and~~ Behavior Assessment~~/~~and Intervention services (~~96150-96155~~96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171) should not be reported on the same day as codes 99401-99412.				

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Medicine
Adaptive Behavior Assessments

#●*97X52* ***Behavior identification–supporting assessment,*** *administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes*

(For health and behavior assessment/intervention, see ~~96150, 96151, 96152, 96153, 96154, 96155~~ 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)

Health ~~and~~ Behavior Assessment~~/~~ and Intervention

Health ~~and~~ behavior assessment and intervention procedures are used to identify and address the psychological, behavioral, emotional, cognitive, and ~~social~~ interpersonal factors important to the ~~prevention~~ assessment, treatment, or management of physical health problems.

The patient's primary diagnosis is physical in nature and the focus of the assessment and interventions is ~~not~~ on ~~mental health but on the biopsychosocial important to physical health problems~~ factors complicating medical conditions and treatments. ~~The focus of the intervention is~~ These codes describe assessments and interventions to improve the patient's health and wellbeing utilizing ~~cognitive, behavioral, social and/or psychophysiological~~ psychological and/or psychosocial interventions ~~procedures~~ designed to ameliorate specific disease-related problems.

Health behavior assessment: includes evaluation of the patient's responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment. Assessment is conducted through health-focused clinical interviews, observation and clinical decision-making.

Health behavior intervention: include promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. These interventions may be provided individually, to a group (2 or more patients), and/or to the family, with or without the patient present.

Codes ~~96150-96155,~~ 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 describe services offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the ~~biopsychosocial~~ psychological and/or psychosocial factors related to the patient's health status. These services do not represent preventive medicine counseling and risk factor reduction interventions.

For patients that require psychiatric services (90785-90899), adaptive behavior services (97X51, 97X52, 97X53, 97X54, 97X55, 97X56, 97X57, 97X58, 0362T, 0373T) as well as health ~~and~~ behavior assessment~~/~~and intervention (~~96150-96155,~~ 96156, 96158,

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96159, 96164, 96165, 96167, 96168, 96170, 96171), report the predominant service performed. Do not report ~~96150-96155~~ 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 in conjunction with 90785-90899 on the same date.

Evaluation and management services codes (including counseling risk factor reduction and behavior change intervention [99401-99412]), should not be reported on the same day *as health ~~and~~ behavior assessment~~/~~and intervention codes* ~~96150, 96151, 96152, 96153, 96154, 96155~~ 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 by the same provider.

Health behavior assessment and intervention services (96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171) can occur and be billed on the same date of service as evaluation and management services codes (including counseling risk factor reduction and behavior change intervention [99401-99412]), as long as the health behavior assessment and intervention service is billed by a physician or other qualified health care professional and the evaluation and management service is performed by a physician or other qualified health care professional who may report evaluation and management services.

Do not report 96158, 96164, 96167 and 96170 for less than 16 minutes of service.

(For health ~~and~~ behavior assessment and~~/or~~ intervention *services [~~96150, 96151, 96152, 96153, 96154, 96155~~* 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171*]* performed by a physician or other qualified health care professional who may report evaluation and management services, see **Evaluation and Management** or **Preventive Medicine Services** codes)

(Do not report ~~96150, 96151, 96152, 96153, 96154, 96155~~ 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171 in conjunction with *~~0364T~~ 97X51, 97X52, 97X53, 97X54, 97X55, ~~0365T~~ 97X56, ~~0366T~~ 97X57, ~~0367T~~ 97X58, ~~0373T~~ 0362T, ~~0374T~~ 0373T)*

~~**D**96150~~	-	~~Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires) each 15 minutes face-to-face with the patient; initial assessment~~	XXX	N/A
~~**D**96151~~	-	~~re-assessment~~	XXX	N/A

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~~D~~96152	-	~~Health and behavior intervention, each 15 minutes, face-to-face; individual~~ (96150, 96151, 96152 have been deleted. To report, see 96156, 96158, 96159)	XXX	N/A
●96156	Z1	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	XXX	2.10
●96158	Z2	Health behavior intervention, individual, face-to-face; initial 30 minutes	XXX	1.45
✚●96159	Z3	each additional 15 minutes (List separately in addition to code for primary service) (Use 96159 in conjunction with 96158)	ZZZ	0.50
~~D~~96153	-	~~Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)~~ (96153 has been deleted. To report, see 96164, 96165)	XXX	N/A
●96164	Z4	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	XXX	0.21
✚●96165	Z5	each additional 15 minutes (List separately in addition to code for primary service) (Use 96165 in conjunction with 96164)	ZZZ	0.10
~~D~~96154	-	~~Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)~~ (96154 has been deleted. To report, see 96167, 96168)	XXX	N/A

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●96167	Z6	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	XXX	1.55
✚●96168	Z7	each additional 15 minutes (List separately in addition to code for primary service) (Use 96168 in conjunction with 96167)	ZZZ	0.55
~~D~~96155	-	~~Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)~~ (96155 has been deleted. To report, see 96170, 96171)	XXX	N/A
●96170	Z8	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	XXX	1.50
✚●96171	Z9	each additional 15 minutes (List separately in addition to code for primary service) (Use 96171 in conjunction with 96170)	ZZZ	0.54

96160 *Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument*

Medicine

Education and Training for Patient Self-Management

(For health ~~and~~ behavior assessment~~/~~and intervention that is not part of a standardized curriculum, see ~~96150-96155~~96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)

(For education provided as genetic counseling services, use 96040. For education to a group regarding genetic risks, see 98961, 98962)

★*98960* *Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient*

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Category III Codes
Adaptive Behavior Assessments and Treatment

◢*0362T* ~~*Exposure behavioral follow-up*~~*Behavior identification supporting assessment, ~~includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians~~each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:*

- *administration by the physician or other qualified health care professional who is on site;*
- *with the assistance of two or more technicians;*
- *for a patient who exhibits destructive behavior;*
- *completion in an environment that is customized to the patient's behavior.*

(0362T is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians [eg, one hour with three technicians equals one hour of service])

(0362T may be repeated on different days until the behavior identification assessment [97X51] and, if necessary, supporting assessment[s] [97X52, 0362T], is complete)

(For psychiatric diagnostic evaluation, see 90791, 90792)

(For speech evaluations, see 92521, 92522, 92523, 92524)

(For occupational therapy evaluation, see 97165, 97166, 97167, 97168)

(For medical team conference, see 99366, 99367, 99368)

*(For health ~~and~~ behavior assessment~~/~~and intervention, see ~~96150, 96151, 96152, 96153, 96154, 96155~~*96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171*)*

(For neurobehavioral status examination, see 96116, 963X2X)

(For neuropsychological testing, see 963X5X, 963X6X, 963X7X, 963X8X, 963X9X, 96X10X, 96X12X)

◢*0373T* ~~*Exposure adaptive behavior treatment with protocol modification*~~*Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring ~~two or more technicians for severe maladaptive behavior(s)~~the following components:*

- *administration by the physician or other qualified health care professional who is on site;*
- *with the assistance of two or more technicians;*

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- *for a patient who exhibits destructive behavior;*
- *completion in an environment that is customized to the patient's behavior.*

(0373T, ~~0374T are~~ is reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)

(Do not report 0373T, ~~0374T~~ in conjunction with 90785-90899, 96105, 96110, 96116, 963X2, ~~96150, 96151, 96152, 96153, 96101~~96154, ~~96155~~96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96156 Tracking Number Z1 Original Specialty Recommended RVU: **2.10**
Presented Recommended RVU: **2.10**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.10**

CPT Descriptor: Health behavior assessment, including re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with osteoarthritis, chronic back pain, and medication-related somnolence is referred for health behavior assessment to determine the psychological factors requiring intervention as part of the patient's overall treatment plan.

Percentage of Survey Respondents who found Vignette to be Typical: 75%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records, including those from the patient’s physician and other team members.

Description of Intra-Service Work: Qualified health care professional meets with patient to assess adjustment to the medical illness or injury, psychological, motivational and interpersonal factors affecting medical management, outlook, coping strategies, treatment compliance and health risk behaviors.

Description of Post-Service Work: Qualified health care professional documentation in the medical record includes results of health behavior assessment, recommended services to be provided, coordination of feedback to interdisciplinary team members and family. The qualified health care professional facilitates treatment planning and follow-up care with the team members and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96156		
Sample Size:	2285	**Resp N:** 90	**Response:** 3.9 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	17.00	**50.00**	200.00	1300.00
Survey RVW:	0.50	1.87	**3.00**	3.00	5.00
Pre-Service Evaluation Time:			**13.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	30.00	**45.00**	60.00	160.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96156	**Recommended Physician Work RVU: 2.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90791	XXX	3.00	**RUC Time**

CPT Descriptor Psychiatric diagnostic evaluation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90834	XXX	2.00	**RUC Time**	5,148,441

CPT Descriptor 1 Psychotherapy, 45 minutes with patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99215	XXX	2.11	**RUC Time**	9,981,896

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
90845	XXX	2.10	**RUC Time**

CPT Descriptor Psychoanalysis

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 53 **% of respondents:** 58.8 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 96156	**Top Key Reference CPT Code:** 90791	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	10.00	10.00	4.00
Median Intra-Service Time	45.00	60.00	20.00
Median Immediate Post-service Time	15.00	20.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**70.00**	**90.00**	**29.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	4%	38%	45%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	51%	41%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	43%	53%
Physical effort required	9%	85%	6%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	55%	39%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	31%	38%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	44%	56%
Physical effort required	12%	63%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	56%	38%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)*, was identified through a code screen as having a negative IWPUT of 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96156; Health behavior assessment, including re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making), has previously been reported with CPT code 96150; *Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment* and 96151; *Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment*.

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship
RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual

2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

		Number of Unique Occurrences (Same Day, Same Patient, Same Provider)			
CPT® Code	**Description**	**Mean**	**25th Percentile**	**Median**	**75th Percentile**
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy			**Health Behavior Assessment and Intervention**			
CPT® Code	**Units of Time**	**wRVU**	**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**	**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**	**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**	**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**	**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**	**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

<u>Technique and Knowledge – Assessment</u>

When the Health and Behavior Assessment code (96150) was initially developed, assessment for comorbid mental health and substance use was not typically part of the work. Since 1998 there has been an increased recognition and prevalence of the comorbidity between mental health and physical health[13,14] with significant associations between mental illness and physical health conditions such as cardiovascular disease, diabetes, obesity, asthma, and pain. Now the typical Health Behavior Assessment includes the assessment for both the psychological and behavioral factors impacting physical health as well as the assessment for co-morbid mental health conditions. Psychological and behavioral domains include: health beliefs and perception; coping strategies; motivation and self-efficacy, treatment compliance; daily activities, behavioral activation, and

functional impairment; sleep; family and interpersonal relations; academic history and vocational history; mood; and quality of life.

Like the diagnostic interview (CPT code 90791), the health behavior assessment also requires diagnostic skills to assess for both past and current mental health conditions and substance use and abuse. While Health and Behavior codes focus on the medical diagnoses, this mental health comorbidity adds to the complexity of the appropriate assessment of these patients. Thus, providers must assess for the psychological and behavioral factors impacting physical health as well as assessing for traditional mental health and substance use issues and integrate this data into their assessment and clinical decision making, as well as referral to mental health providers to address the co-morbid mental health and substance use issues.

Site of Service

Since the implementation of the codes in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient Population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.
  - Replacing the term "physician" with "qualified health care professional".

- Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting
- Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
- Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

As noted in our submission to the Practice Expense Subcommittee, there has been a shift in practice over the years, and while the majority of these services are provided to adult patients, there is a prevalent use of these codes in pediatric practice.

Analysis and Recommendations from the Expert Panel – 96156:

Analysis and Recommendations from the Expert Panel – 96156:
The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was a 65-year-old male with osteoarthritis, chronic back pain, and medication-related somnolence referred for health behavior assessment to determine the psychological factors requiring intervention as part of the patient's overall treatment plan.

The expert panel reviewed the survey results citing that 75% of the 90 survey respondents found the vignette typical and the median service performance rate was 50, which is a reasonable number for this service.

The median survey results regarding time are 13 minutes pre-service, 45 minutes intra-service, and 15 minutes post-service, and the median RVW was 3.00.

The expert panel and our survey respondents agreed that this code describes a service that is parallel to the service in the mental health code set, 90791; *Psychiatric diagnostic evaluation* (3.00 RVUs; 10/60/20). 59% of the survey respondents chose 90791 as the key reference service.

The expert panel strongly agreed with the survey median intra-service time of 45 minutes and post-time of 15 minutes. These time values are supported by Medicare unique occurrences data which show that the existing 15-minute code, 96150 (3/15/5), is typically billed three (3) times per patient encounter, resulting in a total of 45 minutes of intra- and 15 minutes of post-service time. However, the expert panel believed that a decrease in the survey median pre-service time of 13 down to 10 minutes more accurately represented the amount of time required prepare for the assessment, review their own patient records, as well as obtain, review and discuss records from the patient’s physician and other members of the indiciplinary team.represented of the what would

typically occur with 96156. These times align with the typical billing patterns of the existing code as well as with the key reference service. **Therefore, the expert panel recommends 10 minutes pre-, 45 minutes intra-, and 15 minutes post-service times for a total of 70 minutes**.

The expert panel reviewed the survey median RVW of 3.00 and agreed that it was not appropriate work value. It was concluded that survey respondents had estimated the value of the survey code that has 45 minutes of intra-service time, to be equal to that of the key reference service, 90791, that has 60 minutes of intra-service time. Further, the expert panel also agreed that the survey 25th percentile value of 1.87 was too low of a value and did not accurately capture the complexity and intensity of current practice. To determine an appropriate RVU value, the expert panel calculated the relationship between the 60-minute parallel service, 90791 with 3.00 RVUs, and our 45 minute surveyed code which yielded a value of 2.25.

To identify an appropriate crosswalk, a search of the RUC Database (2019 v1.1) was conducted for RUC-reviewed XXX codes between RVW value of2.00-2.25, and an intra-time of 45 minutes that are not currently being surveyed at this meeting. Of the nine codes identified, only three had an intra-service time of 45 minutes: 77262; *Radiation therapy planning* (2.00 RVUs; 3/45/6; 0.0400); 90834; *Psychotherapy with patient, 45 minutes* (2.00 RVUs; 5/45/10; 0.037); and 90845; *Psychoanalysis* (2.10; 5/45/11; 0.0387).

The expert panel determined that the best candidate for crosswalk was 90845; *Psychoanalysis* because it's IWPUT of 0.0387 most closely aligned with that of 90791 (0.039). Additionally, when we incorporate our recommended pre-time of 10 minutes, the new IWPUT of 0.034 still stays in line with that our key reference service. The additional 5 minutes is appropriate to accurately captures current practice and is appropriate due to the increased complexity of reviewing multiple patient records and coordinating with the patient's physician and other members of the team in preparation for the assessment service.

Comparison to Other Services

The Expert Panel compared 96167 to other codes across the fee schedule. The recommended work RVUs and resulting IWPUT seem to provide relativity when compared to other service in the fee schedule.

CPT Code	Descriptor	Work RVU	Pre	Intra Time	Post Time	Total Time	Most Recent RUC Review	IWPUT	2017 Utilization
99203	Office outpatient visit/new	1.42	4	20	5	29	Feb 2006	0.0609	11,296,961
90834	Psychotherapy, 45 minutes with patient	2.00	5	45	10	60	April 2012	0.0370	5,148,441
96156	**Health behavior assessment, including reassessment**	**2.10**	**10**	**45**	**15**	**70**	***	**0.034**	**NEW**
99336	Domiciliary or rest home visit for the evaluation and management of an established patient	2.46	10	40	15	65	Feb 2007	0.0475	1,438,435
90791	Psychiatric diagnostic evaluation	3.00	10	60	20	90	April 2012	0.0388	906,879

Recommendations

In summary, based on the comparisons to the key reference service and crosswalk code 90845; *Psychoanalysis* (2.10; 5/45/11; 0.0387) **we recommend an RVW of 2.10 with 10 minutes pre-, 45 minutes intra-, and 15 minutes post-time for a total time of 70 minutes for 96156.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96150 and 96151

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 165000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Our estimation is based upon current Medicare utilization, divided by 3 units, the typical number of times this service is billed per patient encounter. Further, Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing codes.

Specialty Clinical Psychology Frequency 110000 Percentage 66.66 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 66,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the current utilization for 96150 and 96151.

Specialty Clinical Psychology Frequency 64000 Percentage 96.96 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96150 and 96151

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96158 Tracking Number Z2 Original Specialty Recommended RVU: **1.45**
Presented Recommended RVU: **1.45**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.45**

CPT Descriptor: Health behavior intervention, individual, face-to-face; initial 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services to improve patient treatment compliance and engagement in self-management.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records, including those from the patient's physician and other team members, review results of any prior health behavior assessments.

Description of Intra-Service Work: Qualified health care professional actively promotes the patient's compliance and full participation in medical treatment by engaging the patient in jointly reviewing treatment progress, outlook, understanding of the medical condition(s), and attitudes toward treatment goals and care team members. Employs psychological and behavioral treatment approaches to address health risk behaviors, factors impeding adjustment to, management of, and recovery from the patient's medical condition. Qualified health care professional documentation includes describing the patient's status, services provided and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

Description of Post-Service Work: Coordinates and provides feedback to interdisciplinary team members and family. Facilitates follow-up care with team members and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96158		
Sample Size:	2285	**Resp N:** 116	**Response:** 5.0 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**50.00**	200.00	800.00
Survey RVW:	0.25	1.45	**1.50**	2.00	81.80
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	30.00	**36.00**	45.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96158	**Recommended Physician Work RVU: 1.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90832	XXX	1.50	**RUC Time**

CPT Descriptor Psychotherapy, 30 minutes with patient

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90853	XXX	0.59	**RUC Time**	1,006,592

CPT Descriptor 1 Group psychotherapy (other than of a multiple-family group)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90834	XXX	2.00	**RUC Time**	5,148,441

CPT Descriptor 2 Psychotherapy, 45 minutes with patient

Other Reference CPT Code	Global	Work RVU	Time Source
99491	XXX	1.45	**RUC Time**

CPT Descriptor Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 58 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 10.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 96158	Top Key Reference CPT Code: 90832	2nd Key Reference CPT Code: **99203**
Median Pre-Service Time	5.00	5.00	4.00
Median Intra-Service Time	30.00	30.00	20.00
Median Immediate Post-service Time	10.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**45.00**	**29.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	36%	45%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or	2%	33%	65%

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	2%	48%	50%
Physical effort required	0%	83%	17%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	46%	47%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	33%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	41%	59%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%
Physical effort required	34%	58%	8%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	33%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)*, was identified through a code screen as having a negative IWPUT of 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96158; *Health behavior intervention, individual, face-to-face; initial 30 minutes*, has previously been reported as 96152; *Health and behavior intervention, each 15 minutes, face-to-face; individual*. 96158 is also the base code of a base code/add-on code combination:

- 96158; *Health behavior intervention, individual, face-to-face; initial 30 minutes*
- +96159; *Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)*

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship
RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Me*dicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

		Number of Unique Occurrences (Same Day, Same Patient, Same Provider)			
CPT® Code	**Description**	**Mean**	**25th Percentile**	**Median**	**75th Percentile**
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy			**Health Behavior Assessment and Intervention**			
CPT® Code	**Units of Time**	**wRVU**	**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**	**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**	**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**	**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**	**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**	**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

<u>Technique and Knowledge – Intervention/Treatment</u>

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group, or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of Service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient Population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in

2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

References:

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.
  - Replacing the term "physician" with "qualified health care professional".
  - Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting
  - Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
  - Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

As noted in our submission to the Practice Expense Subcommittee, there has been a shift in practice over the years, and while the majority of these services are provided to adult patients, there is a prevalent use of these codes in pediatric practice.

Analysis and Recommendations from the Expert Panel – 96158

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was a 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services to improve patient treatment compliance and engagement in self-management.

The expert panel reviewed the survey results citing that 74% of the 116 survey respondents found the vignette typical and the median service performance rate was 50, which is a reasonable number for this service.

CPT code 90832; *Psychotherapy, 30 minutes with patient* (1.50 RVUs; 5/30/10; 0.0388) was selected as the key reference service by 50% of the survey respondents. The expert panel agreed that the surveyed code aligned perfectly with the key reference service.

The median survey results regarding time are 10 minutes pre-, 36 minutes intra-, and 10 minutes post-service. The expert panel did not agree with the median survey intra-service time of 36 minutes, but fully supported the 25th percentile intra-service time of 30 minutes. Utilization analysis of the existing single-unit code, 96152, that has 15-minutes of intra-time, shows that it is typically billed 3.11 times per patient encounter, accounting for a

typical intra-service time of 47 minutes (11 minutes over the survey median time); therefore, 36 minutes is not a typical terminal timeframe for this service. The panel also agreed that the median survey post-service time of 10 minutes is representative of what would typically occur with 96158 and reflects current practice of the existing service; however, they believe that the median survey pre-time of 10 minutes should be decreased to 5 minutes to mirror the pre-service time of the key reference service since the actions being taken, as described in the pre-service descriptors for both codes, are very similar in nature. **Therefore, the expert panel recommends 5 minutes pre, 30 minutes intra, and 10 minutes post-service times for a total of 45 minutes**.

The expert panel reviewed the RVW survey data and determined that the 25th percentile value of 1.45 was appropriate for this service. Support for the 25th value can be found in comparing the survey data with the parallel mental health service, 90832 valued at 1.50 RVWs, which is also the survey key reference service. Analysis of the intensity and complexity measures shows that the respondents rated the surveyed code as identical or just slightly higher in every measure, except mental effort and judgement. The expert panel also calculated the relativity of the recommended values for 96156 and 96158 [(30/40) x 2.10 = 1.40] and compared it to the relativity of the parallel services in the psychotherapy code set, 90791 to 90832 [(30/60) x 3.00 = 1.50], further supports the recommended 1.45 RVWs.

In addition, the panel compared the surveyed code to, 99491; *Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored* (1.45 RVUs; 0/30/0; 0.0483), a new code in CY2019 that provides support for recommended intra-time and RVU value for 96158.

Custom Question – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96158 and all increments of add-on survey code 96159)? Please answer in minutes (whole number). *Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.*

The responses to this custom question regarding the total time it takes, in minutes, to perform the surveyed base code, 96158, and all units of the surveyed add-on code, 96159, are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
1.7	45	60	69	500

Recommendations
In summary, based on the comparisons to the key reference service and additional reference codes **we recommend the 25th percentile RVW of 1.45 with 5 minutes pre-, 30 minutes intra-, and 10 minutes post-time for a total time of 45 minutes for 96158.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre-	Intra-	Post-
96158	XXX	1.45	5	30	10
+96159	ZZZ	0.54	0	15	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96152

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 184000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing codes, which totals approx. 560,000 units. We then calculated that 2/3 of the units would be represented by 96158 and the remaining 1/3 will be represented by the add-code, 96159.

Specialty Clinical Psychology Frequency 122000 Percentage 66.30 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 36,850 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the current utilization for 96152, however we have calculated based on the typical number of unique occurences and then distributed the numbers appropriately between 96158 and it's add-on code, 96159.

Specialty Clinical Psychology Frequency 24000 Percentage 65.12 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96152

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96159 Tracking Number Z3 Original Specialty Recommended RVU: **0.54**
Presented Recommended RVU: **0.50**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.50**

CPT Descriptor: Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services to improve patient treatment compliance and engagement in self-management. patient requires an additional 15 minutes of health behavior services beyond the first 30 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Qualified health care professional actively promotes the patient's compliance and full participation in medical treatment by engaging the patient in jointly reviewing treatment progress, outlook, understanding of the medical condition(s), and attitudes toward treatment goals and care team members. Employs psychological and behavioral treatment approaches to address health risk behaviors, factors impeding adjustment to, management of, and recovery from the patient's medical condition.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96159		
Sample Size:	2285	**Resp N:** 113	**Response:** 4.9 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**25.00**	100.00	1300.00
Survey RVW:	0.10	0.66	**0.80**	1.50	100.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	15.00	**15.00**	23.00	70.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96159	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90832	XXX	1.50	**RUC Time**

CPT Descriptor Psychotherapy, 30 minutes with patient

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90834	XXX	2.00	**RUC Time**

CPT Descriptor Psychotherapy, 45 minutes with patient

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90840	ZZZ	1.50	**RUC Time**	6,397

CPT Descriptor 1 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11045	ZZZ	0.50	**RUC Time**	450,309

CPT Descriptor 2 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
11107	ZZZ	0.54	**RUC Time**

CPT Descriptor Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 36.2 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 12.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 96159	**Top Key Reference CPT Code:** 90832	**2nd Key Reference CPT Code:** **90834**
Median Pre-Service Time	0.00	5.00	5.00
Median Intra-Service Time	15.00	30.00	45.00
Median Immediate Post-service Time	0.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**45.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	12%	39%	39%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	36%	47%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	46%	44%

Physical effort required	12%	78%	10%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	46%	39%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	21%	36%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	21%	65%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	36%	57%
Physical effort required	0%	93%	7%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	21%	36%	43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes,*

face-to-face; family (with the patient present), was identified through a code screen as having a negative IWPUT of 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96159; Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service), is the add-on code of a base code/add-on code combination:

- 96158; *Health behavior intervention, individual, face-to-face; initial 30 minutes*
- +96159; *Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)*

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship

RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

		Number of Unique Occurrences (Same Day, Same Patient, Same Provider)			
CPT® Code	**Description**	**Mean**	**25th Percentile**	**Median**	**75th Percentile**

96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy			**Health Behavior Assessment and Intervention**			
CPT® Code	**Units of Time**	**wRVU**	**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**	**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**	**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**	**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**	**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**	**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

Technique and Knowledge – Intervention/Treatment:

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group, or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of Service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient Population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.
  - Replacing the term "physician" with "qualified health care professional".

- Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting
- Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
- Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

As noted in our submission to the Practice Expense Subcommittee, there has been a shift in practice over the years, and while the majority of these services are provided to adult patients, there is a prevalent use of these codes in pediatric practice.

Analysis and Recommendations from the Expert Panel – 96159

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

A 55-year-old female with heart disease, migraines, and hypertension is referred for health behavior services to improve patient treatment compliance and engagement in self-management. Patient requires an additional 15 minutes of health behavior services beyond the first 30 minutes.

The expert panel reviewed the survey results citing that 77% of the 113 survey respondents found the vignette typical and the median service performance rate was 25.

CPT code 90832; *Psychotherapy, 30 minutes with patient* (1.50 RVUs; 5/30/10) was selected as the key reference service by 36% of the survey respondents. CPT code 90834; *Psychotherapy, 45 minutes with patient* (2.00 RVUs; 5/45/10), was chosen as the second key reference service. The expert panel determined that the survey respondents did not select ZZZ codes as their key reference or second key reference services because the base and add-on code structure is not common to psychologists and they are not yet familiar with their usage.

The median survey results regarding time are 0 minutes pre-, 15 minutes intra-, and 0 minutes post-service. The panel was in full agreement with the survey median times, as they support proper pre- and post-times for ZZZ codes and the 15-minutes of intra-service time is the stated time in the code descriptor. **Therefore, the expert panel recommends 0 minutes pre, 15 minutes intra, and 0 minutes post-service times for a total of 15 minutes for 96159**.

The expert panel then reviewed the RVW survey data and determined that both the survey median value of 0.80 and the 25th percentile value of 0.66 were valued too high for this add-on service. It was concluded that because

the majority of the survey respondents did not utilize any of the ZZZ codes available on the Reference Service List, that the value of the add-on codes had been overestimated. Therefore, to identify an appropriate crosswalk, a search of the RUC Database (2019 v1.1) was conducted for RUC-reviewed ZZZ codes with an intra-time of 15 minutes, and an IWPUT between 0.025-0.040, similar to the base code (96158) IWPUT of 0.037. Of the nine codes identified, two are being reviewed by the HCPAC at this meeting and two had pre-time built in, leaving us with the following five potential codes: 93320; *Doppler echo heart exam* (0.38, 0.0253); 88177; *Cytopathology, evaluation of fine needle aspirate* (0.42, 0.0280); 11045; *Debridement, subcutaneous tissue* (0.50, 0.0333); 11107; *Incisional biopsy of skin* (0.54, 0.0360); and 96571; *Photodynamic therapy* (0.55; 0.0367).

The expert panel determined that the best candidate for crosswalk was 11107; *Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)*, because it's IWPUT of 0.0360 most closely aligned with that of 96158, and the service was just evaluated by the RUC in April 2017.

Custom Question – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96158 and all increments of add-on survey code 96159)? Please answer in minutes (whole number). *Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.*

The responses to this custom question regarding the total time, in minutes, it takes to perform the surveyed base code, 96158, and all units of the surveyed add-on code, 96159, are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
1.7	45	60	69	500

Recommendations:
In summary, based on the comparison to a more appropriate ZZZ code as our direct crosswalk, and it's values compared to the corresponding base-code (96158) **we recommend an RVW of 0.54, with 0 minutes pre-, 15 minutes intra-, and 0 minutes post-time for a total time of 15 minutes for 96159.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre-	Intra-	Post-
96156	XXX	2.10	10	45	15
96158	XXX	1.45	5	30	10
+96159	ZZZ	0.54	0	15	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96152

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 187000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing codes.

Specialty Clinical Psychology Frequency 124000 Percentage 66.31 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 37,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the current utilization for 96152, however we have calculated based on the typical number of unique occurences and then distributed the numbers appropriately between the 96159 and it's base-code, 96158.

Specialty Clinical Psychology Frequency 25000 Percentage 67.56 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96152

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96164 Tracking Number Z4 Original Specialty Recommended RVU: **0.21**
Presented Recommended RVU: **0.21**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.21**

CPT Descriptor: Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 26-year-old obese female post-bariatric surgery with poor adherence to treatment regimens and multiple medical complications is referred for group health behavior intervention.

Percentage of Survey Respondents who found Vignette to be Typical: 68%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Reviews patient records, including those from the patient's physician and other team members, review results of any prior health behavior assessments.

Description of Intra-Service Work: Initiate or continue health behavior interventions within the group setting, including providing educational information about the disease process or injury, training members in psychologically based self-management procedures, and improving social support. Qualified health care professional documents in the medical record for each patient, describing the patient's status, services provided and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

Description of Post-Service Work: Coordinates and provides feedback to interdisciplinary team members and family. Facilitates follow-up care with team members and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96164		
Sample Size:	2285	**Resp N:** 41	**Response:** 1.7 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	12.00	240.00
Survey RVW:	0.15	0.60	**1.25**	2.00	9.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	30.00	**45.00**	60.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96164	**Recommended Physician Work RVU: 0.21**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90853	XXX	0.59	**RUC Time**

CPT Descriptor Group psychotherapy (other than of a multiple-family group)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97150	XXX	0.29	**RUC Time**

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96401	XXX	0.21	**RUC Time**	730,325

CPT Descriptor 1 Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	3,848,807

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

Other Reference CPT Code	Global	Work RVU	Time Source
96365	XXX	0.21	**RUC Time**

CPT Descriptor Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 63.4 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96164	Top Key Reference CPT Code: 90853	2nd Key Reference CPT Code: **97150**
Median Pre-Service Time	2.00	2.00	0.00
Median Intra-Service Time	5.00	14.00	10.00
Median Immediate Post-service Time	2.00	8.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**9.00**	**24.00**	**10.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	42%	42%	16%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	38%	58%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	46%	54%

Physical effort required	4%	73%	23%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	54%	35%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	40%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	40%	60%
Physical effort required	0%	80%	2%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes,*

face-to-face; family (with the patient present), was identified through a code screen as having a negative IWPUT of -0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96164; *Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes*, has previously been reported as 96153; *Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)*. 96164 is also the base code of a base code/add-on code combination:

- 96164; *Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes*
- +96165; *Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)*

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship

RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

	Number of Unique Occurrences (Same Day, Same Patient, Same Provider)

CPT® Code	Description	Mean	25th Percentile	Median	75th Percentile
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy			Health Behavior Assessment and Intervention			
CPT® Code	**Units of Time**	**wRVU**	**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**	**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**	**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**	**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**	**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**	**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

<u>Technique and Knowledge – Intervention/Treatment</u>

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group, or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of Service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient Population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.
  - Replacing the term "physician" with "qualified health care professional".
  - Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting

- Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
- Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

Analysis and Recommendations from the Expert Panel – 96164

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was a 26-year-old obese female post-bariatric surgery with poor adherence to treatment regimens and multiple medical complications is referred for group health behavior intervention.

The expert panel reviewed the survey results citing that 68% of the 41 survey respondents found the vignette typical and the median service performance rate was 1.

CPT code 90853; *Group psychotherapy (other than of a multiple-family group)*, (0.59 RVWs; 2/14/8) was selected as the key reference service by 63% of the survey respondents.

The existing health and behavior group intervention service, 96153, is a 15-minute code with an RVW of 0.10. The code is billed in multiple units for each patient in the group, and is typically billed 4.78 times per patient, per encounter.

The instrument used to survey for this group service contained numerous and significant changes. As discussed and approved with the RUC Research Subcommittee, these revisions were necessary to ensure that the time-based group service was valued appropriately. Instructions provided in the cover letter and in wording changes to several of the survey questions, asked the respondents to evaluate the group service <u>as a whole</u> and NOT on the basis of an individual group participant. Additionally, a custom survey question was added that asked respondents to provide the average number of patients that attend a typical health behavior group intervention session. The question yielded a median response of seven (7) patients (*additional response data provided below*).

The intent of the above stated revisions to the survey tool, offered and approved by the RUC Research Subcommittee, was to obtain a per session data on the service, that could then be divided by the average number of patients to yield the per patient data.

The expert panel reviewed the per session survey times and also converted them to per-patient time by dividing each value by 7 which is the typical number of patient in a group. The expert panel agreed with the **survey median 15 minutes of per session pre-time (2 minutes per patient), and the median per session post-**

service time of 10 minutes (1 minute per patient) needed to coordinate and provide feedback to interdisciplinary team members and members of the family as well as facilitate follow-up care following the group session. The panel, did not agree however, with the survey median intra-service time of 45 minutes as the code descriptor clearly states that this is a 30-minute service; therefore, **the 25th percentile per session intra-service time of 30 minutes (4 minutes per patient) is recommended. These calculated times align almost perfectly with the per patient survey median time values (2/6/1)**.

The expert panel reviewed the RVW survey data and determined that when the median per session value of 1.25 RVWs is converted to per patient, the value of 0.18 was too low; therefore, to determine what the appropriate RVW and units of time for 96164 should be, the expert panel used the per patient inputs for the existing 15-minute group intervention service (96153: 0.10 RVUs; 1/3/1) and multiplied it by 7 (typical number of patients in the group), which showed that the per session inputs would be of 0.70 RVWs, 7/21/7. To then account for the change in intra-time from 15 minutes in the existing code to 30 minutes in the new code, the calculated per session inputs were multiplied by 2 to yield per session values of 1.40 RVWs 14/42/14. To then convert back to per patient, at the new 30-minute intra-service time, each of the values were divided by 7 to yield an RVW of 0.20 with 2 minutes of pre-, 6 intra, and 2-minutes of post-service time. The expert panel felt that these values were within an appropriate range.

To identify an appropriate crosswalk code, a search of the RUC Database (2019 v1.1) was conducted for RUC-reviewed XXX codes with an intra-time of 4-7 minutes, and an RVU between 0.19-0.25. The search resulted in a list of 14 codes; however, not one of them had 6 minutes of intra-time. Therefore, the expert panel added total time of 9 minutes which was in alignment with the per patient survey median total time. The search resulted in the identification of 5 codes, with intra times ranging between 3-5 minutes an RVU range of 0.19-0.20, and the expert panel determined that the most appropriate candidate for crosswalk was code 96365 (per-patient: 0.21 RVUs; 2/5/2 = 9; 0.0241 / per session (96170): 1.47 RVUs (14/35/14).

As further support, the expert panel looked at the relativity of these values in comparison to the parallel mental health service and survey key reference service, 90853, *Group psychotherapy*; (0.59 RVUs; 2/14/8; 0.0261). This group service typically has 5 participating patients; therefore, the per patient inputs are multiplied by 5 to yield 2.95 RVUs with 10/70/40 for the entire group. When the per session inputs for crosswalk code 96365 (1.47 RVUs; 14/35/14) are multiplied by 2, it yields an RVW of 2.94 and an intra time of 70 minutes, both of which are perfectly aligned with the per session intra-time and RVW of 90853.

And finally, the chart below provides a snapshot of how the per patient and per session inputs compare to other group services across the fee schedule.

		Per Patient						Per Session				
CPT Code	**Description**	**RVW**	**Pre**	**Intra**	**Post**	**Total Time**	**Typical # of patients per grp**	**RVW**	**Pre**	**Intra**	**Post**	**Total Time**
96153	*Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients*	*0.1*	*1*	*3*	*1*	*5*	***7***	*0.7*	*7*	*21*	*7*	*35*
96164	***Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes***	**0.2**	**2**	**5**	**2**	**9**	**7**	**1.5**	**14**	**35**	**14**	**63**
97804	*Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes*	0.25	2	6	2	10	5	1.25	10	30	10	50
97150	*Therapeutic procedure(s), group (2 or more individuals)*	0.29	0	10	0	10	3	0.87	0	30	0	30
92508	*Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals*	0.33	2	17	3	22	3	0.99	6	51	9	66

90853	*Group psychotherapy (other than of a multiple-family group)*	0.59	2	14	8	24		5		2.95	10	70	40	120

Custom Question 1 – Typical Number of Patients that Attend Group Intervention Sessions
Per the request of the Research Subcommittee, the following custom question was added to the survey for group intervention services (96164 and 96165):

What is the average number of patients that attend your typical group session for survey base code 96164; *Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes* and survey add-on code 96165; *Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes* (*List separately in addition to code for primary service*)?

The responses to this custom question regarding the typical number of patients that attend a group session are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
4	6	7	9.25	12

Custom Question 2 – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96164 and all increments of add-on survey code 96165)? Please answer in minutes (whole number). Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.

The responses to this custom question regarding the total time, in minutes, it takes to perform the surveyed base code, 96164, and all units of the surveyed add-on code, 96165, are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
3.17	60	90	120	240

Recommendations
In summary, based on the comparisons to the key reference service and additional reference codes **we recommend an RVW of 0.21 with 2 minutes pre-, 5 minutes intra-, and 2 minutes post-time for a total time of 9 minutes for 96164.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre-	Intra-	Post-
96164	XXX	0.21	2	5	2
+96165	ZZZ	0.10	0	4	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96153

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 27500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing code, which totals approx. 45,000 units. This utilization is corrected to account for the new coding structure of a 30-minute base code with a 15 minute add-on code.

Specialty Clinical Psychology Frequency 26600 Percentage 96.72 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the Medicare utilization for the existing code, that has been corrected to take into account that the new code is now a 30-minute base code, with a 15-minute add-on.

Specialty Clinical Psychology Frequency 10700 Percentage 97.27 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96153

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96165 Tracking Number Z5 Original Specialty Recommended RVU: **0.10**
Presented Recommended RVU: **0.10**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.10**

CPT Descriptor: Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 26-year-old obese female post-bariatric surgery with poor adherence to treatment regimens and multiple medical complications is referred for group health behavior intervention. Patient requires an additional 15 minutes of health behavior services beyond the first 30 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 70%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Continue health behavior interventions within the group setting, including providing educational information about the disease process or injury, training members in psychologically based self-management procedures, and improving social support.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96165		
Sample Size:	2285	**Resp N:** 40	**Response:** 1.7 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	19.00	498.00
Survey RVW:	0.10	0.48	**0.75**	1.50	6.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	15.00	**16.00**	25.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96165	**Recommended Physician Work RVU: 0.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90853	XXX	0.59	**RUC Time**

CPT Descriptor Group psychotherapy (other than of a multiple-family group)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97150	XXX	0.29	**RUC Time**

CPT Descriptor Therapeutic procedure(s), group (2 or more individuals)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96375	ZZZ	0.10	**RUC Time**	1,412,889

CPT Descriptor 1 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96411	ZZZ	0.20	**RUC Time**	180,879

CPT Descriptor 2 Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 52.5 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 96165	**Top Key Reference CPT Code:** 90853	**2nd Key Reference CPT Code:** **97150**
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	4.00	14.00	10.00
Median Immediate Post-service Time	0.00	8.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**4.00**	**24.00**	**10.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	38%	48%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	38%	53%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	33%	62%

Physical effort required	10%	66%	24%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	52%	34%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	16%	17%	0%	67%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	17%	83%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	17%	50%	33%
Physical effort required	33%	50%	17%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	0%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes,*

face-to-face; family (with the patient present), was identified through a code screen as having a negative IWPUT of - 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96165; *Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)*, is the add-on code of a base code/add-on code combination:

- 96164; *Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes*
- +96165; *Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)*

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship

RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

	Number of Unique Occurrences (Same Day, Same Patient, Same Provider)

CPT® Code	Description	Mean	25th Percentile	Median	75th Percentile
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy				Health Behavior Assessment and Intervention			
CPT® Code	**Units of Time**	**wRVU**		**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**		**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**		**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**		**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**		**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**		**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

Technique and Knowledge – Intervention/Treatment

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group, or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.
  - Replacing the term "physician" with "qualified health care professional".
  - Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting

- Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
- Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

As noted in our submission to the Practice Expense Subcommittee, there has been a shift in practice over the years, and while the majority of these services are provided to adult patients, there is a prevalent use of these codes in pediatric practice.

Analysis and Recommendations from the Expert Panel – 96165

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was a 26-year-old obese female post-bariatric surgery with poor adherence to treatment regimens and multiple medical complications is referred for group health behavior intervention, and the patient requires an additional 15 minutes of health behavior services beyond the first 30 minutes.

The expert panel reviewed the survey results citing that 70% of the 40 survey respondents found the vignette typical and the median service performance rate was 2.

Upon review of the survey data, it was clear to the expert panel that survey respondents did not follow the instructions provided in the cover letter and in wording changes to several of the survey questions, to evaluate the group service as a whole and NOT on the basis of an individual group participant. It appeared to the expert panel that survey respondents were confused despite the additional instruction and clarifying language.

A custom survey question had been added at the request of the RUC Research Subcommittee that asked the respondents to provide the average number of patients that attend a typical health behavior group intervention session. The question yielded a median response of seven (7) patients (*additional response data provided below*).

The intent of the revisions to the survey tool offered and approved by the RUC Research Subcommittee were that the final results on time and RVW estimates would be divided by the average number of patients that attend a typical health behavior group intervention session.

Further review of the survey data also showed that survey respondents did not select ZZZ codes as their key reference or second key reference services because the base and add-on code structure is not common to

psychologists and they are not yet familiar with their usage. 53% of the survey respondents selected XXX code 90853 as their key reference service, and the estimated RVWs were similar to that of the Group Psychotherapy service for the individual patient.

The median survey results regarding per session time are 0 minutes pre-service, 16 minutes intra-service, and 0 minutes post-service. The expert panel agreed with the survey median pre- and post-times as they support proper application and utilization of ZZZ add-on codes. However, the expert panel did not agree with the survey median intra-service time of 16-minutes, as the code descriptor clearly states that that the code represents a 15-minute service. **Therefore, the panel recommends 0 minutes pre, 15 minutes intra, and 0 minutes post-service times for a total of 15 minutes**.

The expert panel reviewed the per session RVW survey data and determined that the 25th percentile value of 0.48 was too low. If divided by 7, the typical number of patients in a group, the per patient RVVU would be 0.07. This value is 0.03 RVUs lower than the value for the existing 15 minute code, 96153 (0.10 RVUs; 1/3/1). The expert panel also reviewed the survey median per session value of 0.75, that when converted to per patient yields an RVW of 0.11. The expert panel agreed that this was an appropriate value for 96165.

A search of the RUC database was conducted to identify an appropriate crosswalk code. Search criteria included RUC reviewed, ZZZ codes, with RVW between 0.10-0.13. Only two codes were identified: 96361; *Intravenous infusion, hydration* (0.90; 0/3/0) and 96375; *Therapeutic, prophylactic, or diagnostic injection* (0.10 RVUs; 0/4/0; 0.250). The expert panel strongly agreed that 96375 was the most appropriate code to crosswalk to as its RVU was equal to that of the existing 15-minute service, while 96361 RVW of 0.09 would essentially be decrease in existing value. And finally, the IWPUT for 96375 at 0.025 aligned well with the IWPUT of the corresponding base code, 96164, at 0.241.

Custom Questions
Per the request of the Research Subcommittee, the following custom question was added to the survey for group intervention services (96164 and 96165):

What is the average number of patients that attend your typical group session for survey base code 96164; *Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes* and survey add-on code 96165; *Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes* (*List separately in addition to code for primary service*)?

The responses to this custom question regarding the typical number of patients that attend a group session are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
4	6	7	9.25	12

Custom Question – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96164 and all increments of add-on survey code 96165)? Please answer in minutes (whole number). Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.

The responses to this custom question regarding the total time, in minutes, it takes to perform the surveyed base code, 96164, and all units of the surveyed add-on code, 96165, are summarized below:

Min.	25th	Median	75th	Max.

	Percentile		Percentile	
3.17	60	90	120	240

Recommendations
In summary, based on the comparisons to crosswalk code 96375 and relativity between this add-on code to it's base code, 96164, **we recommend an RVW of 0.10 with 0 minutes pre-, 4 minutes intra-, and 0 minutes post-time for a total time of 4 minutes for 96165.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre-	Intra-	Post-
96164	XXX	0.21	2	5	2
+96165	ZZZ	0.10	0	4	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96153

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 27500
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing code. This utilization corrects for the fact that these are now 15-minute add-on codes that are billed following the 30-minute base code (96164).

Specialty Clinical Psychology Frequency 26600 Percentage 96.72 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the Medicare utilization for the existing code, that has been corrected to take into account that the new code is now 15-minute add-on to the primary 30-minute base code (96164)

Specialty Clinical Psychology Frequency 10700 Percentage 97.27 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96153

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96167 Tracking Number Z6 Original Specialty Recommended RVU: **1.55**
Presented Recommended RVU: **1.55**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.55**

CPT Descriptor: Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 36 year-old married female diagnosed with breast cancer and who is undergoing aggressive chemotherapy and radiation therapy with poor adherence to treatment regimens and multiple medical complications is referred for family intervention.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records, including those from the patient's physician and other team members, review results of any prior health behavior assessments.

Description of Intra-Service Work: Conduct face-to-face interaction with the patient and family members. Facilitate family communication and provide education about the patient's illness or injury, engage and mobilize family support and problem-solving regarding treatment adherence and prognosis, clarify family roles and caregiver responsibilities. Qualified health care professional documents in the medical record, describing the patient's status, family involvement and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

Description of Post-Service Work: Coordinates and provides feedback to interdisciplinary team members and family. Facilitates follow-up care with team members and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96167		
Sample Size:	2285	**Resp N:** 52	**Response:** 2.2 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**25.00**	75.00	840.00
Survey RVW:	0.45	1.58	**2.18**	2.50	24.00
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**44.00**	50.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96167	**Recommended Physician Work RVU: 1.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90847	XXX	2.50	**RUC Time**

CPT Descriptor Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90832	XXX	1.50	**RUC Time**	2,381,012

CPT Descriptor 1 Psychotherapy, 30 minutes with patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,278,700

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
76873	XXX	1.55	**RUC Time**

CPT Descriptor Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 69.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 11.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96167	**Top Key Reference CPT Code:** 90847	**2nd Key Reference CPT Code:** **99203**
Median Pre-Service Time	5.00	5.00	4.00
Median Intra-Service Time	30.00	50.00	20.00
Median Immediate Post-service Time	10.00	21.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**76.00**	**29.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	28%	61%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	44%	53%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	44%	53%
Physical effort required	14%	78%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	44%	53%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	50%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	17%	66%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)*, was identified through a code screen as having a negative IWPUT of - 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96167; Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes, has previously been reported as 96154; Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present). 96167 is also the base code of a base code/add-on code combination:

- 96167; Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
- +96168; Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship
RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is

considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

		Number of Unique Occurrences (Same Day, Same Patient, Same Provider)			
CPT® Code	**Description**	**Mean**	**25th Percentile**	**Median**	**75th Percentile**
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy			**Health Behavior Assessment and Intervention**			
CPT® Code	**Units of Time**	**wRVU**	**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**	**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**	**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**	**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**	**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**	**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

<u>Technique and Knowledge – Intervention/Treatment</u>

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in

technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group, or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

References:

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
    - Detailed survey cover memo to respondents

- A common reference service list for use for the entire family of codes.
- Replacing the term "physician" with "qualified health care professional".
- Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting
- Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
- Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

Analysis and Recommendations from the Expert Panel – 96167

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was a 36-year-old married female diagnosed with breast cancer and who is undergoing aggressive chemotherapy and radiation therapy with poor adherence to treatment regimens and multiple medical complications is referred for family intervention.

The expert panel reviewed the survey results citing that 67% of the 52 survey respondents found the vignette typical and the median service performance rate was 25.

CPT code 90847; *Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes*, (5, 50, 21; RVW 2.50) was selected as the key reference service by 69% of the survey respondents.

The median survey results regarding time are 15 minutes pre-service, 44 minutes intra-service, and 15 minutes post-service. The expert panel felt that each of the median surveyed times were over-valued. For example, the intra-service time of 30 minutes is clearly stated in the code descriptor and pre- and post-time times should be consistent with recommendations for the rest of the family. **Therefore, the panel recommends 5 minutes pre, 30 minutes intra, and 10 minutes post-service times for a total of 45 minutes**.

The expert panel reviewed the RVW survey data and determined based on relativity within the family of codes as well as relativity with the parallel mental health service, 90847 which is also the survey key reference service. 90847 has 50 minutes of intra-time and an RVW of 2.50, when compared to the 30 minute service of the surveyed code the calculated appropriate RVW for 96167 is (30/50) x (2.50) = 1.50 RVUs, which aligns nicely with the survey 25th percentile value of 1.58 RVUs. The expert panel felt that the appropriate RVW value falls with this range

A search of the RUC Database was conducted to find an appropriate crosswalk code. The search criteria included RUC reviewed, XXX global codes, with an RVW range 1.50-1.58, and an intra service time of 30 minutes. The code selected by the expert panel as the best candidate for crosswalk was 76873; *Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)*, (1.55 RVW; 20/30/10; 0.0293). When recalculated with 5 minutes of pre-time to match the other codes within this family, IWPUT becomes 0.040, which is very similar to that of 90847.

Additional support for these values can be found in comparison RUC MPC code 95861; *Needle electromyography; 2 extremities with or without related paraspinal areas* provided another strong comparison. Identified through a query of the RUC Database (2018 v2), this RUC MPC code has 10 minutes of pre, 29 intra, and 10 minutes of post-time, an RVW of 1.54, and an IWPUT of 0.377. Elements of this comparison code support our recommended time and RVW recommendations for 96167.

Custom Question – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96167 and all increments of add-on survey code 96168)? Please answer in minutes (whole number). Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.

The responses to this custom question regarding the total time, in minutes, it takes to perform the surveyed base code, 96167, and all units of the surveyed add-on code, 96168, are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
1.50	52.5	60	75	145

Recommendations
In summary, based on calculated relativity with the key reference service as well as within the surveyed family of codes, and comparison to crosswalk code 76873; *Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)*, that has an RVW of 1.55, which supports our survey 25th value of 1.58, w**e recommend an RVW of 1.55 with 5 minutes pre-, 30 minutes intra-, and 10 minutes post-time for a total time of 45 minutes for 96167.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre-	Intra-	Post-
96167	XXX	1.55	5	30	10
+96168	ZZZ	0.60	0	15	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96154

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty Licensed Clinical Social Worker How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing code. This utilization corrects for the fact that this is now a 30 minute base code with a 15 minute add-on.

Specialty Clinical Psychologist Frequency 3000 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the Medicare utilization for the existing code, that has been corrected to take into account that the new code is now a 30-minute code, with a 15-minute add-on.

Specialty Clinical Psychology Frequency 600 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96154

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96168 Tracking Number Z7 Original Specialty Recommended RVU: **0.60**
Presented Recommended RVU: **0.55**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.55**

CPT Descriptor: Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 36 year-old married female diagnosed with breast cancer and who is undergoing aggressive chemotherapy and radiation therapy with poor adherence to treatment regimens and multiple medical complications is referred for family intervention. patient and family require an additional 15 minutes of health behavior services beyond the first 30 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Conduct face-to-face interaction with the patient and family members. Facilitate family communication and provide education about the patient's illness or injury, engage and mobilize family support and problem-solving regarding treatment adherence and prognosis, clarify family roles and caregiver responsibilities.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96168		
Sample Size:	2285	**Resp N:** 52	**Response:** 2.2 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**12.00**	59.00	816.00
Survey RVW:	0.20	0.75	**1.00**	1.57	15.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	15.00	**17.00**	30.00	90.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96168	**Recommended Physician Work RVU: 0.55**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90847	XXX	2.50	**RUC Time**

CPT Descriptor Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99203	XXX	1.42	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11045	ZZZ	0.50	**RUC Time**	450,309

CPT Descriptor 1 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90840	ZZZ	1.50	**RUC Time**	450,309

CPT Descriptor 2 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
95940	XXX	0.60	**RUC Time**

CPT Descriptor Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 44.2 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 9.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 96168	Top Key Reference CPT Code: 90847	2nd Key Reference CPT Code: **99203**
Median Pre-Service Time	0.00	5.00	4.00
Median Intra-Service Time	15.00	50.00	20.00
Median Immediate Post-service Time	0.00	21.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**76.00**	**29.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	44%	48%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	44%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	52%	44%
Physical effort required	13%	74%	13%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	48%	48%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	20%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	80%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)*, was identified through a code screen as having a negative IWPUT of 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96168; Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service), is the add-on code of a base code/add-on code combination:

- 96167; Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
- +96168; Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship
RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is

considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

		Number of Unique Occurrences (Same Day, Same Patient, Same Provider)			
CPT® Code	**Description**	**Mean**	**25th Percentile**	**Median**	**75th Percentile**
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

Technique and Knowledge – Intervention/Treatment

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group, or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be

attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

References:

1. Roditi D, Robinson ME. The role of psychological interventions in the management of patients with chronic pain. *Psychol Res Behav Manag.* 2011;4: 41-49.

2. Richards SH, Anderson L, Jenkinson CE, Whalley B, et al. Psychological interventions for coronary heart disease: Cochrane systematic review and meta-analysis *Eur J Prev Cardiol.* 2018;25(3): 247–259. doi: 10.1177/2047487317739978.

3. Wysocki T, Harris MA, Buckloh LM, Mertlich D, et al. Effects of behavioral family systems therapy for diabetes on adolescents' family relationships, treatment adherence, and metabolic control. *J Pediatr Psychol*. 2006;31(9):928–938.

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.
  - Replacing the term "physician" with "qualified health care professional".
  - Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting
  - Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
  - Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size

included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

Analysis and Recommendations from the Expert Panel – 96168

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was a 36-year-old married female diagnosed with breast cancer and who is undergoing aggressive chemotherapy and radiation therapy with poor adherence to treatment regimens and multiple medical complications is referred for family intervention. The patient and family require an additional 15 minutes of health behavior services beyond the first 30 minutes.

The expert panel reviewed the survey results citing that 67% of the 52 survey respondents found the vignette typical and the median service performance rate was 12.

CPT code 90847; *Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes* (5, 50, 21; RVW 2.50) was selected as the key reference service by 44% of the survey respondents. CPT code 99203; *Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family* (4, 20, 5; RVW 1.42), was chosen as the second key reference service. The expert panel determined two (2) reasons why the survey respondents did not select ZZZ codes as their key reference or second key reference services. First, because the base and add-on code structure is not common to psychologists, they are not yet familiar with their usage. Second, if the survey respondent was attempting to value this service relatively to the base code, 96167, there is a very limited number of ZZZ codes that fall within the appropriate range.

The median survey results regarding time are 0 minutes pre-service, 17 minutes intra-service, and 0 minutes post-service. The expert panel did not agree with the median surveyed intra-time of 17 minutes, as the code descriptor clearly states that that the code represents a 15-minute service. **Therefore, the panel recommends 0 minutes pre, 15 minutes intra, and 0 minutes post-service times for a total of 15 minutes**.

The expert panel reviewed the RVW survey data and determined this service should be valued relative to the recommended value of it's corresponding base code, 96167 (1.55 RVW; 5/30/10; 0.041). To calculate the relativity, the values for the base code must be divided by 2 to normalize the intra-time at 15 minutes. Once pre- and post-times are backed out, the target RVW is within the range of 0.55-0.60. Support for a value within this range can be found in the comparison of the surveyed code with the base-code, 96167. The IWPUT of the base code is 0.041, and an RVW of 0.60 with 0/15/0 for the add-on code yields an IWPUT of 0.040. Additionally, when relativity of the recommended values is compared across the family of intervention services, the percent difference in RVU values between the base and add-on codes is an average of 62% - the percent difference between this add-on code valued at 0.60 and it's corresponding base code at 1.55 is 61.2% change.

A search of the RUC Database was conducted to identify an appropriate crosswalk code to support an RVW of 0.60 for a ZZZ code with 15 minutes of intra time. Due to the limited ZZZ parameters, the database search only resulted in the identification of only one (1) ZZZ code, 77003; *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)* with a RVW of 0.60 and 15 minutes of intra-service time, and IWPUT of 0.0370; however, due to the 2 minutes of pre-positioning time built into the code, the, the expert panel broaden the search data base search to include XXX codes, This revised search resulted in the identification of an additional code to support our recommended RVW and intra-service time. 95940; *Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal*

attendance, each 15 minutes (List separately in addition to code for primary procedure) is an XXX code with 0.60 RVW, 0/15/0. Further, without any pre- or post-time, the IWPUT of 0.0400 corresponds perfectly to that of the corresponding base code, 96167, at 0.041).

Custom Question – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96167 and all increments of add-on survey code 96168)? Please answer in minutes (whole number). Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.

The responses to this custom question regarding the total time it takes to perform the surveyed base code, 96167, and all units of the surveyed add-on code, 96168, are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
1.50	52.5	60	75	145

Recommendations
In summary, based on comparison to crosswalk code 95940; *Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)* (0.60 RVW, 0/15/0; 0.0400), support of intra-time and RVW recommendations from other comparison codes, and an IWPUT in alignment with that of it's corresponding base code, and other add-on codes in the family, **we recommend an RVW of 0.60 with 0 minutes pre-, 15 minutes intra-, and 0 minutes post-time for a total time of 15 minutes for 96168.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

   CPT Code Global Work RVU Pre- Intra- Post-

961X5	XXX	1.55	5	30	10
+961X6	ZZZ	0.60	0	15	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96154

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty Licensed Clinical Social Worker How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing codes. Additionally, the utilization numbers have been corrected to account for this being a 15 minute add-on code, billed subsequent to the new 30 minute base code

Specialty Clinical Psychologist Frequency 4500 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Utilization is based upon current utilzation numbers for the existing service, and then corrected to account for this being a 15 minute add-on code that is billed subsequent to the 30-minute base code.

Specialty Clinical Psychologist Frequency 900 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96154

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96170 Tracking Number Z8 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.50**

CPT Descriptor: Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The family of a 9-year-old boy diagnosed with Type I diabetes two years ago is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his own glucose levels.

Percentage of Survey Respondents who found Vignette to be Typical: 69%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient records, including those from the physician and other team members, review results of any prior health behavior assessments, coordinate and strategize with interdisciplinary team members about the family's role in treatment.

Description of Intra-Service Work: Conduct face-to-face interaction with family members without the patient present. Facilitate family communication and provide education about the patient's illness or injury and resistance to change, engage and mobilize family support and problem-solving regarding treatment adherence, clarify family roles and caregiver responsibilities. Qualified health care professional documents in the medical record, describing the patient's status, family involvement and progress toward and/or modification of treatment goals based on patient progress or other confounding factors that arise.

Description of Post-Service Work: Coordinates and provides feedback to interdisciplinary team members and family. Facilitates follow-up care with team members and family.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96170		
Sample Size:	2285	**Resp N:** 36	**Response:** 1.5 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**21.00**	50.00	250.00
Survey RVW:	1.25	1.50	**1.93**	2.40	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	30.00	**41.00**	47.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96170	**Recommended Physician Work RVU: 1.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90846	XXX	2.40	**RUC Time**

CPT Descriptor Family psychotherapy (without the patient present), 50 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90832	XXX	1.50	**RUC Time**

CPT Descriptor Psychotherapy, 30 minutes with patient

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90832	XXX	1.50	**RUC Time**	2,381,012

CPT Descriptor 1 Psychotherapy, 30 minutes with patient

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,278,700

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
99497	XXX	1.50	**RUC Time**

CPT Descriptor Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 63.8 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 11.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 96170	**Top Key Reference CPT Code:** 90846	**2nd Key Reference CPT Code:** **90832**
Median Pre-Service Time	5.00	0.00	5.00
Median Intra-Service Time	30.00	50.00	30.00
Median Immediate Post-service Time	10.00	0.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**50.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	4%	0%	39%	57%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	44%	52%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	4%	57%	39%

Physical effort required	4%	87%	9%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	53%	43%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	25%	75%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	25%	75%
Physical effort required	0%	75%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes,*

face-to-face; family (with the patient present), was identified through a code screen as having a negative IWPUT of 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96170; Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes, has previously been reported as 96155; Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present). 96170 is also the base code of a base code/add-on code combination:

- 96170; *Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes*
- +96171; *Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)*

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship

RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

		Number of Unique Occurrences (Same Day, Same Patient, Same Provider)			
CPT® Code	**Description**	**Mean**	**25th Percentile**	**Median**	**75th Percentile**

96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy			**Health Behavior Assessment and Intervention**			
CPT® Code	**Units of Time**	**wRVU**	**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**	**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**	**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**	**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**	**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**	**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

Technique and Knowledge – Intervention/Treatment

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group,

or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of Service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient Population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.

- Replacing the term "physician" with "qualified health care professional".
- Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting
- Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
- Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

Analysis and Recommendations from the Expert Panel – 96170

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was the family of a 9-year-old boy diagnosed with Type I diabetes two years ago is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his own glucose levels.

The expert panel reviewed the survey results citing that 69% of the 36 survey respondents found the vignette typical and the median service performance rate was 21.

CPT code 90846; *Family psychotherapy (without the patient present), 50 minutes*, that was approved by the RUC with 5 minutes of pre, 50 minutes of intra, and 10 minutes of post-time and an RVW 2.40, was selected as the key reference service by 64% of the survey respondents.

The median survey results regarding time are 10 minutes pre-service, 41 minutes intra-service, and 15 minutes post-service. The expert panel felt that the survey median time was overvalued and that the pre-service time should be decreased to match the consistent pre-service time across the family. The intra-service time of 30 minutes is clearly stated in the code descriptor and pre- and post-time times are consistent with recommendations for the rest of the family. **Therefore, the panel recommends 5 minutes pre, 30 minutes intra, and 10 minutes post-service times for a total of 45 minutes**.

The expert panel reviewed the RVW survey data and determined that the 25th percentile value of 1.50 was appropriate for this service. Support for the 25th value can be found in the comparison of the surveyed code with the surveyed code recommendations for 96167; *Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes*. The pre-, intra-, and post time must remain consistent, as there is no difference in the activities performed prior to and/or after the family intervention service is provided. However, the decrease in the

recommended RVW for 96168 maintains relativity within the family and accounts for the patient not being present during the family intervention service.

The panel also compared the recommended time and RVW value to CPT code 90832; *Psychotherapy, 30 minutes with patient*, which has a pre-time of 5 minutes, intra-time at 30, a post time of 10 minutes, an RVW of 1.50 and an IWPUT of 0.0388. The pre-time of 5 minutes, intra-time of 30 minutes, post-time of 10 minutes and an IWPUT of 0.0388 of the comparison code are right in alignment with our recommended values.

The panel also identified CPT code 99497; *Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate* (5, 30, 10; RVW 1.50) as a comparison code that strongly supports our recommended time and RVW recommendations for 96170.

Custom Question – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96170 and all increments of add-on survey code 96171)? Please answer in minutes (whole number). Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.

The responses to this custom question regarding the total time, in minutes, it takes to perform the surveyed base code, 96170, and all units of the surveyed add-on code, 96171, are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
2.50	45	60	73.5	115

Recommendations
In summary, based on strong support from identified comparison codes as well as comparison to similar services within the family to maintain relativity **we recommend the survey 25th percentile RVW of 1.50 with 5 minutes pre-, 30 minutes intra-, and 10 minutes post-time for a total time of 45 minutes for 96170.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre-	Intra-	Post-
96170	XXX	1.50	5	30	10
+96171	ZZZ	0.59	0	15	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96155

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 6000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The existing code, 96155, is not a covered Medicare service so specific utilization data is not available. However, we believe that the utilization of these services mirror the utilzation of the family intervention sevice when the patient is present. Therefore, we used the current utilization numbers for 96154 to make the following estimates. Further, Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing code. This utilization corrects for the fact that this is now a 30 minute base code with a 15 minute add-on.

Specialty Clinical Psychology Frequency 3000 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. As calculated on the national level above, we used the current Medicare utilzation for 96154 to make our estimates for 96155 and then corrected the utilization numbers to account for the fact that this is now a 30 minute base code with a 15 minute add-on code.

Specialty Clinical Psychology Frequency 600 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96155

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96171 Tracking Number Z9 Original Specialty Recommended RVU: **0.59**
Presented Recommended RVU: **0.54**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.54**

CPT Descriptor: Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: The family of a 9-year-old boy diagnosed with Type 1 diabetes two years ago is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his own glucose levels. the family requires an additional 15 minutes of family health behavior services beyond the first 30 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 69%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Conduct face-to-face interaction with family members without the patient present. Facilitate family communication and provide education about the patient’s illness or injury and resistance to change, engage and mobilize family support and problem-solving regarding treatment adherence, clarify family roles and caregiver responsibilities.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Randy Phelps, PhD, Stephen Gillaspy, PhD		
Specialty Society(ies):	American Psychological Association (APA)		
CPT Code:	96171		
Sample Size:	2285	**Resp N:** 36	**Response:** 1.5 %
Description of Sample:	Random Sample of Applicable Subsets		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**14.00**	31.00	100.00
Survey RVW:	0.25	0.59	**0.90**	1.50	3.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	15.00	**15.00**	21.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96171	**Recommended Physician Work RVU: 0.54**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90846	XXX	2.40	**RUC Time**

CPT Descriptor Family psychotherapy (without the patient present), 50 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90832	XXX	1.50	**RUC Time**

CPT Descriptor Psychotherapy, 30 minutes with patient

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11045	ZZZ	0.50	**RUC Time**	450,309

CPT Descriptor 1 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90840	ZZZ	1.50	**RUC Time**	6,397

CPT Descriptor 2 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

Other Reference CPT Code	Global	Work RVU	Time Source
77003	ZZZ	0.60	**RUC Time**

CPT Descriptor Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 44.4 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 96171	**Top Key Reference CPT Code:** 90846	**2nd Key Reference CPT Code:** **90832**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	15.00	50.00	30.00
Median Immediate Post-service Time	0.00	0.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**50.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	6%	6%	31%	57%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	38%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	50%	44%

Physical effort required	6%	88%	6%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	44%	50%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	40%	60%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	40%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	40%	60%
Physical effort required	0%	80%	20%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

This existing code family (CPT® codes 96150-96155) describes health behavior assessment and intervention services primarily performed by non-physician qualified healthcare professionals who cannot report Evaluation and Management services. In October 2017, CPT code 96154; *Health and behavior intervention, each 15 minutes,*

face-to-face; family (with the patient present), was identified through a code screen as having a negative IWPUT of 0.0058.

At the April 2018 RUC meeting, the code was discussed at the Relativity Assessment Workgroup (RAW) meeting. It was noted that code 96154 has an intra-service time of 15 minutes but is listed as having a post-service time of 20 minutes, which was likely a data entry error (i.e. the 20 minutes should have been divided by the typical 4 units and entered as 5 minutes of post-service time). The RAW entertained a motion to make an editorial change to drop the post-time to 5 minutes to be consistent with the rest of the family; however, further discussion revealed that the family of codes had not been reviewed since their inception in 2001. As a result, the RAW recommended that 96154 and the related family of codes be referred back to CPT for revision.

The new code family was approved at the September 2018 CPT Editorial Panel meeting and surveyed by the American Psychological Association (APA) for the January 2019 RUC HCPAC meeting.

New/revised code 96171; Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service), is the add-on code of a base code/add-on code combination:

- 96170; Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
- +96171; Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

Compelling Evidence

These codes reflect significant changes in the healthcare delivery system over the past 20 years. During that time there has been an increasing focus on the role of psychosocial factors in health, as well as a shift toward explicit assessment and intervention in these factors, particularly in primary care. The Health Behavior Assessment and Intervention codes were originally described and valued in 2001, but they have never been re-evaluated since their inception almost 20 years ago.

There are several factors comprising compelling evidence for this family of codes, including: flawed methodology and anomalous relationship; change in technique and knowledge; change in site of service; and change in patient population. As a result, we are requesting that compelling evidence be considered for the entire family of codes.

Flawed Methodology and Anomalous Relationship

RUC rationale for the original valuation of this family shows that the RUC valued these services primarily based on the psychiatric interview code 90801, a 60-minute service with 2.80 wRVU. RUC divided the value by 4, yielding a 15-minute service at 0.70 RVUs. That was based on the expectation that each of the new codes, reported in 15-minute increments, would typically be billed four (4) times per patient encounter, comprising a comparable 60-minute service to 90801.

The documented history provides evidence that incorrect assumptions were made in the initial valuation of the family of Health and Behavior codes. The RUC used the flawed building block methodology, in a manner that is no longer a RUC-accepted process, to value each 15-minute Health and Behavior diagnostic and treatment code, yielding wRVUs ranging from 0.44-0.50. It should also be noted that 90801, the primary service on which the existing Health and Behavior codes were built upon, is no longer an existing or valid code and the comparable service has different valuation today.

It is clear from current data that the assumption that every code would typically be billed for 60 minutes (four (4) 15-minute increments) was at best a gross estimation. Below is the current utilization, based on the actual 2016 Medicare Units of Service Performed on Same Date, for the code set. As can be seen in the chart, there is considerable variability across the code set in the mean number of units per encounter across all the 15-minute codes in the family.

	Number of Unique Occurrences (Same Day, Same Patient, Same Provider)

CPT® Code	Description	Mean	25th Percentile	Median	75th Percentile
96150	Health and behavior assessment	**3.29**	2	**3**	4
96151	Health and behavior re-assessment	**2.30**	1	**2**	3
96152	Health and behavior individual intervention	**3.11**	2	**4**	4
96153	Health and behavior group intervention	**4.78**	4	**4**	6
96154	Health and behavior family intervention, with patient present	**5.31**	3	**5**	8
96155	Health and behavior family intervention, without patient present	**N/A**	N/A	**N/A**	N/A

It should also be noted that 96154 was valued in such a manner that it yielded a negative IWPUT (-0.0006), providing further evidence of flawed methodology in the original valuation of the services.

It is also clear that there is an anomalous relationship in the surveyed family of codes when compared to the Psychotherapy family of codes, on which it was based in 2001. The original and current surveys show that health and behavior services are very similar to the parallel mental health service, in terms of the modality by which the service is delivered as well as intensity. Differences in comparable code values between the two families were greatly increased when the Psychotherapy code set was reevaluated by the RUC in 2012. As can be seen below, all of the codes in current Health and Behavior code set are valued significantly lower when times and wRVUs are calculated to match those parallel services in the updated Psychotherapy code set.

Psychotherapy			Health Behavior Assessment and Intervention			
CPT® Code	**Units of Time**	**wRVU**	**CPT® Code**	**Calculated Time**	**wRVU**	**Calculated wRVU**
90791	60 mins	**3.00**	**96150**	15 min x 4 units = 60 mins	0.50	**2.00**
90832	30 mins	**1.50**	**96152**	15 mins x 2 units = 30 mins	0.48	**0.92**
90853	60 mins	**0.59**	**96153**	15 min x 4 units = 60 mins	0.10	**0.40**
90847	50 mins	**2.50**	**96154**	15 mins x 3.33 units = 50 mins	0.45	**1.50**
90846	50 mins	**2.40**	**96155**	15 mins x 3.33 units = 50 mins	0.44	**1.47**

<u>Technique and Knowledge – Intervention/Treatment</u>

Since 1998 there has been a significant increase in provider specialization and the development and adaptation of cognitive and other behavioral techniques to address psychological factors impacting physical health[1,2,3,4]. Treatment techniques have changed dramatically from simply applying behavioral expertise to physical health conditions to the development and adaptation of specific cognitive behavioral techniques and other treatments for specific physical health conditions.

These evidence-based techniques and treatments include cognitive restructuring, operant behavior therapy and contingency management, stimulus control, graded activation and behavioral activation, coping skills training, problem solving training, functional and structural family therapy, acceptance and commitment therapy, family communication training, relaxation skills training, motivational interviewing, behavior therapy. This change in technique and knowledge results in the work involved in Health and Behavior Intervention to be parallel and comparable to the work involved in traditional mental health therapy.

What differs in this particular service, when compared to others in this code set is the modality by which the service is delivered. There are three (3) different modalities of Health Behavior Interventions: Individual; Group, or Family Interventions. Each of these modalities can be used to deliver the evidence-based treatments described above.

With these changes in technique, there has been specialization in training, as well as the development of treatment guidelines for psychologists providing these services in both the primary care[5] and specialty care settings such as cardiovascular disease,[6] obesity,[7] pain,[8] diabetes,[9] and bariatrics.[10]

Site of Service

Since the implementation of the code set in 2002, there has been a significant change in site of service with increasing use of the codes in outpatient settings for both primary care and specialty care. An examination of the Medicare claims data (2002 – 2017) supports the increased use in outpatient settings. For example, in 2002 9% of the claims for the Health and Behavior Assessment CPT Code were in General Outpatient compared to 24% in 2017. In 2002 only 4% of the claims for the Health and Behavior Individual CPT Code were in General Outpatient compared to 24% in 2017 and in 2002 only 30% of the claims for the Health and Behavior Individual Therapy CPT Code were in Physician Offices compared to 40% in 2017. This increase in the outpatient settings can be attributed to the increased focus of integrating behavioral health services into both primary care and specialty care settings.[11,12]

Patient Population

Since the development of the codes in 1998, the population of patients with chronic non-communicable diseases have been increasing[13] and this has also resulted in a significant increase in complexity and cost. At this time 5% of patients account for 50% of costs. The National Academy of Medicine[14] has identified the core groups of high cost patients, including children with severe disabilities, adults with significant chronic illness (Two or more complex conditions, and one complex plus one to five noncomplex conditions), frail elderly, and disabled patients under 65. Within those high cost groups, there is a subgroup of high needs patient. This subgroup is defined as complex medical high cost patients who also have circumstances requiring behavioral services, and who have functional limitations.[15,16] Effective and efficient treatment of these high cost and high need patients requires additional assessment to determine their behavioral and other service needs.

Of these conditions, *Heart Disease* is the number one cause of mortality and increased morbidity in the US. Poor adherence to cardiovascular disease medications carries significant psychological, physical, and economic costs, including failure to achieve therapeutic goals, high rates of hospitalization and health care costs, and incidence of death. Recent advances in psychological science and practice can effectively address these complex behavioral needs.[6] The six risk factors contributing to over a third of all health care costs are tobacco use, *poor diet*, substance abuse, *high Body Mass Index*, high *systolic blood pressure* and *high resting glucose levels*.[13] All have clear behavioral determinants that can be addressed for treatment.

Our health care system is now faced with an increasing opioid epidemic, which is derived from inappropriate pain management. Population level surveys indicate that between 11% and 40% of the U.S. population report some level of chronic pain, with millions suffering from daily, severe, and disabling pain.[16] Access to safe and effective care for people suffering from pain remains a priority that needs to be balanced in parallel with efforts to curb inappropriate opioid prescribing and use practices. Lastly, the number of bariatric surgeries is estimated to have increased 40% from 2011 to 2017.[17]

A review of the Medicare claims data from 2006 – 2014 for the existing H&B codes reveals increased use with patients with presentations focusing on pain, cardiovascular disease, diabetes, and obesity. For example, in 2006 only 5% of the utilization for the Health and Behavior Assessment CPT Code was for pain compared to 24% in 2014 and in 2006 only 3% of the utilization for the Health and Behavior Individual CPT Code was for cardiovascular disease compared to 11% in 2014.

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Survey Process

The APA sought the approval of the RUC's Research Subcommittee prior to fielding their surveys. The subcommittee granted approval for the following items:

- Modification of the survey tools, including:
  - Detailed survey cover memo to respondents
  - A common reference service list for use for the entire family of codes.
  - Replacing the term "physician" with "qualified health care professional".

- Adding a link to a PDF of the revisions approved by the CPT Editorial Panel at the September 2018 meeting
- Modifying the XXX – Evaluation and Management survey tool used to survey assessment including reassessment code, 96156
- Combining the XXX – Therapy survey tool with the standard ZZZ survey template and the time-based code template to survey the Intervention services for Individual (96158-96159), Group (96164-96165), Family with patient (96167-96168), and Family without patient present (96170-96171)
    - Adding a custom question to each of the time-based surveys (96158-96171) asking for survey participants to indicate the total amount of time they spend performing the entire service from start to finish (including the base code and all units of the add-on code) to allow capturing the total time and work involved in each clinical service.
    - Adding a custom question to the survey for Group intervention (96164-96165) asking for survey participants to indicate the typical number of patients they see in a group session, as well as minor language changes throughout to ask the survey participants to base the time and RVU estimates on the entire group session rather than calculating them on a per patient basis.

The surveys were sent to a random sample of applicable subsets which included APA members in Division 38 – Society for Health Psychology and Division 54 – Society for Pediatric Psychology. Our overall sample size included 2,285 people.

A common reference service list was used for the entire family of codes and was reviewed and approved by the RUC Research Subcommittee. APA developed new vignettes for each code in the family to reflect changes in current practice and the typical patients.

Analysis and Recommendations from the Expert Panel – 96171

The APA convened an expert panel with representation from solo, academic, and hospital-based practices, as well as adult and pediatric psychologists, to review the survey data and make recommendations.

The typical patient for this service was the family of a 9-year-old boy diagnosed with Type 1 diabetes two years ago is referred for intervention because of the patient's continuing refusal to self-inject his insulin and to test his own glucose levels. The family requires an additional 15 minutes of family health behavior services beyond the first 30 minutes.

The expert panel reviewed the survey results citing that 69% of the 36 survey respondents found the vignette typical and the median service performance rate was 14.

CPT code 90846; *Family psychotherapy (without the patient present), 50 minutes* was selected as the key reference service by 44% of the survey respondents. CPT code 90832; *Psychotherapy, 30 minutes with patient*, was chosen as the second key reference service. The expert panel determined that the survey respondents did not select ZZZ codes as their key reference or second key reference services because the base and add-on code structure is not common to psychologists and they are not yet familiar with their usage.

The median survey results regarding time are 0 minutes pre-service, 15 minutes intra-service, and 0 minutes post-service. The expert panel fully agreed with the median surveyed times as they accurately reflect proper pre- and post- times for the add-on service, and the median surveyed intra-time matches the time stated in the descriptor for 96171. **Therefore, the panel recommends the 0 minutes pre, 15 minutes intra, and 0 minutes post-service times for a total of 15 minutes**.

The expert panel reviewed the RVW survey data and determined that the 25th percentile value of 0.59 was appropriate for this service. Support for the 25th value can be found in the comparison of the surveyed code with the base-code, 96170. When relativity of the recommended values is compared across the family of intervention

services, the percent difference in RVU values between the base and add-on codes falls between 61-63% - this recommended value falls right in line with relativity, at 61%.

In a search of the RUC Database, the expert panel also identified CPT code 77003; *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)*, as an appropriate comparison code with a ZZZ global period. 77003 has an RVW of 0.60, 15-minutes of intra-service time, and an IWPUT of 0.0370 which compares well with our recommended values of 0.59 RVW, 15-minutes of intra-service time, and an IWPUT of 0.039.

Custom Question – Total Time/Units for XXX base survey code and ZZZ add-on survey code(s)
Major structural changes were made to the majority of the existing codes. Because each of the revised codes reflect significant changes to the units of time that must reported, and because these services were previously reported in multiple units, APA requested the addition of the following custom question to capture data on the total time and work involved in each clinical service.

For the typical patient, how much total time do you personally spend performing this entire service from start to finish (i.e. base survey code 96170 and all increments of add-on survey code 96171)? Please answer in minutes (whole number). Note, the intent of this question is to determine the typical number of units you would report for these time-based survey codes by measuring the full length of time it typically takes for you to perform the service described.

The responses to this custom question regarding the total time it takes to perform the surveyed base code, 96170, and all units of the surveyed add-on code, 96171, are summarized below:

Min.	25th Percentile	Median	75th Percentile	Max.
2.50	45	60	73.5	115

Recommendations
In summary, based on support from calculations of relativity within the family as well as identified comparison code data **we recommend the 25th percentile RVW of 0.59 with 0 minutes pre-, 15 minutes intra-, and 0 minutes post-time for a total time of 15 minutes for 96171.**

We believe the changes are substantial and meet compelling evidence for the above recommended increase in time and RVU value.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

CPT Code	Global	Work RVU	Pre-	Intra-	Post-
96170	XXX	1.50	5	30	10
+96171	ZZZ	0.59	0	15	0

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96155

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Clinical Psychology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The existing code, 96155, is not a covered Medicare service so specific utilization data is not available. However, we believe that the utilization of these services mirror the utilzation of the family intervention sevice when the patient is present. Therefore, we used the current utilization numbers for 96154 to make the following estimates. Further, Medicare represents about 1/5 of the utilization in the country's healthcare system; therefore, these estimates are approximately 5 times the Medicare utilization for the existing code. This utilization corrects for the fact that this is now a 15 minute add-on billed subsequent to the 30 minute base code.

Specialty Clinical Psychology Frequency 4500 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,800
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. As calculated on the national level above, we used the current Medicare utilzation for 96154 to make our estimates for 96155 and then corrected the utilization numbers to account for the fact that this is now a 15 minute add-on code billed subsequent to the primary 30-minute base code.

Specialty Clinical Psychology Frequency 900 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 96155

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Health and Behavior Assessment and Intervention (96156 – 96171)

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96156

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	90791	Psychiatric diagnostic evaluatio	53	0.039			3.00			90	10					60			20																		
2nd REF	99203	Office or other outpatient visit fo	16	0.061			1.42			29	4					20			5																		
CURRENT	96150	Health and behavior assessment (eg, health-focused		0.021			0.50			23	3					15			5																		
CURRENT	96151	Health and behavior assessment (eg, health-focused		0.019			0.48			24	4					15			5																		
SVY	96156	Health behavior assessment, including		0.053	0.50	1.87	3.00	3.00	5.00	73	13			4	30	45	60	160	15																		
REC	96156	Health behavior assessment, including re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)		0.034			2.10			70	10					45			15																		

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
17						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
18	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
26																																							
27	96158																																						
28						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
29	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
30	1st REF	90832	Psychotherapy, 30 minutes with	58	0.039			1.50			45	5					30			10																			
31	2nd REF	99203	Office or other outpatient visit fo	12	0.061			1.42			29	4					20			5																			
32	CURRENT	96152	Health and behavior intervention, each		0.017			0.46			24	4					15			5																			
33	SVY	96158	Health behavior intervention, individua		0.029	0.25	1.45	1.50	2.00	81.80	56	10			5	30	36	45	90	10																		
34	REC	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes		0.037			1.45			45	5					30			10																			
35																																							
36	96159																																						
37						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
38	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
39	1st REF	90832	Psychotherapy, 30 minutes with	41	0.039			1.50			45	5					30			10																			
40	2nd REF	90834	Psychotherapy, 45 minutes with	14	0.037			2.00			60	5					45			10																			
41	CURRENT	96152	Health and behavior intervention, each		0.017			0.46			24	4					15			5																			
42	SVY	96159	Health behavior intervention, individua		0.053	0.10	0.66	0.80	1.50	100.00	15	0			2	15	15	23	70	0																		
43	REC	96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service)		0.033			0.50			15	0					15			0																			
44																																							
45																																							

L:ast Updated 01/10/19

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
17						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
18	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
46	96164																																							
47						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
48	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
49	1st REF	90853	Group psychotherapy (other tha	26	0.026			0.59			24	2					14			8																			
50	2nd REF	97150	Therapeutic procedure(s), group	5	0.029			0.29			10	0					10			0																			
51	CURRENT	96153	Health and behavior intervention, each		0.018			0.10			5	1					3			1																			
52	SVY	96164	Health behavior intervention, group (2		0.015	0.15	0.60	1.25	2.00	9.00	70	15			6	30	45	60	120	10																			
53	SVY	96164	Health behavior intervention, group (2		0.015	0.02	0.09	0.18	0.29	1.29	10	2			1	4	6	9	17	1																			
54	REC	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes		0.024			0.21			9	2					5			2																			
55																																							
56	96165																																							
57						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
58	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
59	1st REF	90853	Group psychotherapy (other tha	21	0.026			0.59			24	2					14			8																			
60	2nd REF	97150	Therapeutic procedure(s), group	6	0.029			0.29			10	0					10			0																			
61	CURRENT	96153	Health and behavior intervention, each		0.011			0.10			7	1					5			1																			
62	SVY	96165	Health behavior intervention, group (2		0.047	0.10	0.48	0.75	1.50	6.00	16	0			0	15	16	25	120	0																			
63	SVY	96165	Health behavior intervention, group (2		0.047	0.01	0.07	0.11	0.21	0.86	2.29	0			0	2	2	4	17	0																			
64	REC	96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)		0.025			0.10			4	0					4			0																			
65																																							
66																																							

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SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
17						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
18	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
67	96167																																							
68						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
69	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
70	1st REF	90847	Family psychotherapy (conjoint	36	0.038			2.50			76	5					50			21																			
71	2nd REF	99203	Office or other outpatient visit fo	6	0.061			1.42			29	4					20			5																			
72	CURRENT	96154	Health and behavior intervention, each		-0.006			0.45			39	4					15			20																			
73	SVY	96167	Health behavior intervention, family (w		0.034	0.45	1.58	2.18	2.50	24.00	74	15			15	30	44	50	90	15																		
74	REC	96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes		0.040			1.55			45	5					30			10																		
75																																							
76	96168																																							
77						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
78	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
79	1st REF	90847	Family psychotherapy (conjoint psych		0.038			2.50			76	5					50			21																			
80	2nd REF	99203	Office or other outpatient visit for the e		0.061			1.42			29	4					20			5																			
81	CURRENT	96154	Health and behavior intervention, each		-0.006			0.45			39	4					15			20																			
82	SVY	96168	Health behavior intervention, family (w		0.059	0.20	0.75	1.00	1.57	15.00	17	0			4	15	17	30	90	0																		
83	REC	96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)		0.037			0.55			15	0					15			0																			
84																																							
85																																							

L:ast Updated 01/10/19

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
17						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
18	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
86	96170																																							
87						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
88	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
89	1st REF	90846	Family psychotherapy (without t	23	0.048			2.40			50	0					50			0																			
90	2nd REF	90832	Psychotherapy, 30 minutes with	4	0.039			1.50			45	5					30			10																			
91	CURRENT	96155	Health and behavior intervention, each		0.016			0.44			24	4					15			5																			
92	SVY	96170	Health behavior intervention, family (w		0.033	1.25	1.50	1.93	2.40	3.00	66	10			5	30	41	47	90	15																		
93	REC	96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes		0.039			1.50			45	5					30			10																			
94																																							
95	96171																																							
96						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged			
97	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57
98	1st REF	90846	Family psychotherapy (without t	16	0.048			2.40			50	0					50			0																			
99	2nd REF	90832	Psychotherapy, 30 minutes with	5	0.039			1.50			45	5					30			10																			
100	CURRENT	96155	Health and behavior intervention, each		0.016			0.44			24	4					15			5																			
101	SVY	96171	Health behavior intervention, family (w		0.060	0.25	0.59	0.90	1.50	3.00	15	0			0	15	15	21	60	0																		
102	REC	96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)		0.036			0.54			15	0					15			0																			

L:ast Updated 01/10/19

CPT Code: 96156

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior assessment, including re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)**

Global Period: **XXX** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96156 represents a revision of CPT codes 96150; *Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment* and 96151; *Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment*. We have listed the current direct PE inputs for the existing services for reference.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **Clinical Psychology**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **81%**

   Is the dominant provider in the nonfacility different then for the global?
   - **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:
   - **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **Unlike when the existing services were originally defined 20 years ago, the Assessment and Re-Assessment services described by the new/revised code, 96156, is now an observation and interview-based service; therefore, we did not carry over supply codes SA018 – kit, interactive materials for behavioral assessment or SK006 – assessment-monitoring instruments (50% use).**

- **However, as with the prior code set of which this is a revision, we estimate that approximately half of the utilization will be provided to pediatric patients; therefore, we did carry over supply code SA034 – kit, therapeutic toys-games (50% of the time).**
- **We have also recommended the addition of 0.05 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient.**

CPT Code: 96158

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, individual, face-to-face; initial 30 minutes**

Global Period: **XXX** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96158 represents a revision of CPT code 96152; *Health and behavior intervention, each 15 minutes, face-to-face; individual*. We have listed the current direct PE inputs for the existing service as our reference.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **Clinical Psychology**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **88%**

   Is the dominant provider in the nonfacility different then for the global?
   - **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **The new/revised health behavior intervention services employ psychological and behavioral treatment approaches to address health risk behaviors, factors impeding adjustment to, management of, and recovery from the patient's medical condition. Therefore, because current clinical practice does not typically require their use, we did not carry over supply codes SA018 – kit, interactive materials for behavioral assessment or SK006 – assessment-monitoring instruments (50% use).**
    - **However, as with the prior code set of which this is a revision, we estimate that approximately half of the utilization will be provided to pediatric patients; therefore, we did carry over supply code SA034 – kit, therapeutic toys-games (50% of the time).**

- **We have also requested the addition of 0.05 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient.**

CPT Code: +96159

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service)**

Global Period: **ZZZ** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96159 represents an add-on to the revision of CPT codes 96152; *Health and behavior intervention, each 15 minutes, face-to-face; individual*.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **Clinical Psychology**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **88%**

   Is the dominant provider in the nonfacility different then for the global?
   - **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **As with 96158, we are recommending the inclusion of supply code SA034 – kit, therapeutic toys-games (50% of the time).**
    - **We have also recommended 0.025 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient. When compared to the 0.05 units recommended for the 30-minute base code (96158), we have decreased the unit amount by half to account for the 15-minute change in time for the add-on service.**

CPT Code: 96164

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes**

Global Period: **XXX** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96164 represents a revision of CPT code 96153; *Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)*. We have listed the current direct PE inputs for the existing service as our reference.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **Clinical Psychology**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **93%**

   Is the dominant provider in the nonfacility different then for the global?
   - **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **The new/revised health behavior intervention services employ psychological and behavioral treatment approaches to address health risk behaviors, factors impeding adjustment to, management of, and recovery from the patient's medical condition. Therefore, because current clinical practice does not typically require its use, we did not carry over supply code SK006 – assessment-monitoring instruments (50% use).**
    - **We have requested the addition of 0.05 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient.**

CPT Code: +96165

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)**

Global Period: **ZZZ** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96165 represents an add-on to the revision of CPT codes 96153; *Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)*.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **Clinical Psychology**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **88%**

   Is the dominant provider in the nonfacility different then for the global?
   - **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **We have recommended 0.025 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient. When compared to the 0.05 units of a box recommended for the 30-minute base code (96164), we have decreased the unit amount by half to account for the 15-minute decrease in time for the add-on service.**

CPT Code: 96167

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes**

Global Period: **XXX** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96167 represents a revision of CPT code 96154; *Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)*. We have listed the current direct PE inputs for the existing service as our reference.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **Licensed Clinical Social Worker**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **67%**

   Is the dominant provider in the nonfacility different then for the global?
   - **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **The new/revised health behavior intervention services employ psychological and behavioral treatment approaches to address health risk behaviors, factors impeding adjustment to, management of, and recovery from the patient's medical condition. Therefore, because current clinical practice does not typically require its use, we did not carry over supply code SK006 – assessment-monitoring instruments (50% use).**
    - **We have recommended the addition of 0.05 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient.**

CPT Code: +96168

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global Period: **ZZZ** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96168 represents an add-on to the revision of CPT codes 96154; *Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)*.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **Licensed Clinical Social Workers**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **67%**

   Is the dominant provider in the nonfacility different then for the global?
   - **No**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **As with 96167, we are recommending the inclusion of supply code SA034 – kit, therapeutic toys-games (50% of the time).**
    - **We have also recommended 0.025 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient. When compared to the 0.05 units recommended for the 30-minute base code (96167), we have decreased the unit amount by half to account for the 15-minute decrease in time for the add-on service.**

CPT Code: 96170

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes**

Global Period: **XXX** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96170 represents a revision of CPT code 96155; *Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)*. We have listed the current direct PE inputs for the existing service as our reference.**

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **N/A**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **N/A**

   Is the dominant provider in the nonfacility different then for the global?
   - **N/A**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **The new/revised health behavior intervention services employ psychological and behavioral treatment approaches to address health risk behaviors, factors impeding adjustment to, management of, and recovery from the patient's medical condition. Therefore, because current clinical practice does not typically require its use, we did not carry over supply code SK006 – assessment-monitoring instruments (50% use).**
    - **We have recommended the addition of 0.05 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient.**

CPT Code: +96171

Specialty Society: American Psychological Association (APA)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: **Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)**

Global Period: **ZZZ** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   - **A consensus panel of experts from the American Psychological Association (APA) met by phone and email to develop the inputs.**

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   - **96171 represents an add-on to the revision of CPT codes 96155; *Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present).***

3. Is this code(s) typically billed with an E/M service?
   - **No**

   Is this code(s) typically billed with the E/M service in the nonfacility?
   - **No**

4. What specialty is the dominant provider in the nonfacility?
   - **N/A**

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   - **N/A**

   Is the dominant provider in the nonfacility different then for the global?
   - **N/A**

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   - **N/A**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   - **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   - **N/A**

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   - **N/A**

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

- **N/A**

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*
   - **N/A**

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    - **N/A**

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    - **N/A**

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    - **N/A**

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    - **N/A**

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **N/A**

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    - **N/A**

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    - **N/A**

18. Please include an explanation of each line item:
    - **We have recommended 0.025 units of SK114 – tissues (Kleenex) to the service as part of the emotional support to the patient. When compared to the 0.05 units of a box recommended for the 30-minute base code (96170), we have decreased the unit amount by half to account for the 15-minute decrease in time for the add-on service.**

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**CPT Code 96150**		**CPT Code 96151**		**CPT Code 96156**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 41 - Health Behavior Assessment and Intervention Specialty: American Psychological Association (APA)**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each		Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented		Health behavior assessment, including re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 0.23**	**$ -**	**$ 0.23**	**$ -**	**$ 0.13**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery or procedure made**									
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.23**	**$ -**	**$ 0.23**	**$ -**	**$ 0.13**	**$ -**
102											
103	SA018	kit, interactive materials for behavioral assessment	0.04	kit		1		1			
104	SA034	kit, therapeutic toys-games (50% of the time)	0.1	kit		1		1		0	
105	SK006	assessment-monitoring instruments (50% use)	0.0887	item		1		1			
106	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.052	item						1.00	
107	SK114	tissue (Kleenex)	1.6075	box						0.05	
108											
109											

	A	B	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**CPT Code 96152**		**CPT Code 96158**		**CPT Code 96159**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 41 - Health Behavior Assessment and Intervention** **Specialty: American Psychological Association (APA)**	Health and behavior intervention, each 15 minutes, face-to-face; individual		Health behavior intervention, individual, face-to-face; initial 30 minutes		Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service)	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.23**	**$ -**	**$ 0.13**	**$ -**	**$ 0.09**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedur**						
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.23**	**$ -**	**$ 0.13**	**$ -**	**$ 0.09**	**$ -**
102								
103	SA018	kit, interactive materials for behavioral assessment	1					
104	SA034	kit, therapeutic toys-games (50% of the time)	1		0		0	
105	SK006	assessment-monitoring instruments (50% use)	1					
106	SM022	sanitizing cloth-wipe (surface, instruments, equipment)			1.00		1.000	
107	SK114	tissue (Kleenex)			0.05		0.025	
108								
109								

	A	B	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**CPT Code 96153**		**CPT Code 96164**		**CPT Code 96165**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 41 - Health Behavior Assessment and Intervention** **Specialty: American Psychological Association (APA)**	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)		Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes		Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.09**	**$ -**	**$ 0.08**	**$ -**	**$ 0.04**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedur**						
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.09**	**$ -**	**$ 0.08**	**$ -**	**$ 0.04**	**$ -**
102								
103	SA018	kit, interactive materials for behavioral assessment						
104	SA034	kit, therapeutic toys-games (50% of the time)						
105	SK006	assessment-monitoring instruments (50% use)	1					
106	SM022	sanitizing cloth-wipe (surface, instruments, equipment)						
107	SK114	tissue (Kleenex)			0.05		0.025	
108								
109								

	A	B	AA	AB	AC	AD	AE	AF
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**CPT Code 96154**		**CPT Code 96167**		**CPT Code 96168**	
3		***RUC Collaboration Website***	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)		Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes		Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 41 - Health Behavior Assessment and Intervention** **Specialty: American Psychological Association (APA)**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.23**	**$ -**	**$ 0.13**	**$ -**	**$ 0.09**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedur**						
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.23**	**$ -**	**$ 0.13**	**$ -**	**$ 0.09**	**$ -**
102								
103	SA018	kit, interactive materials for behavioral assessment	1					
104	SA034	kit, therapeutic toys-games (50% of the time)	1		0		0	
105	SK006	assessment-monitoring instruments (50% use)	1					
106	SM022	sanitizing cloth-wipe (surface, instruments, equipment)			1.00		1.000	
107	SK114	tissue (Kleenex)			0.05		0.025	
108								
109								

	A	B	AG	AH	AI	AJ	AK	AL
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**CPT Code 96155**		**CPT Code 96170**		**CPT Code 96171**	
3		***RUC Collaboration Website***	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)		Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes		Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 41 - Health Behavior Assessment and Intervention Specialty: American Psychological Association (APA)**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.10**	**$ -**	**$ 0.08**	**$ -**	**$ 0.04**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedur**						
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.10**	**$ -**	**$ 0.08**	**$ -**	**$ 0.04**	**$ -**
102								
103	SA018	kit, interactive materials for behavioral assessment						
104	SA034	kit, therapeutic toys-games (50% of the time)	1					
105	SK006	assessment-monitoring instruments (50% use)						
106	SM022	sanitizing cloth-wipe (surface, instruments, equipment)						
107	SK114	tissue (Kleenex)			0.05		0.025	
108								
109								

AMA/Specialty Society RVS Update Committee
Health Care Professionals Advisory Committee Review Board Summary of Recommendations
New Technology/New Services

January 2019

Ultrasonic Wound Assessment – Tab 41

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services as they were presented to the Committee. This service was flagged for CPT 2015 and reviewed at the October 2018 Relativity Assessment Workgroup meeting. The Workgroup indicated that the utilization is continuing to increase for this service. The RUC recommended that this service be resurveyed for physician work and practice expense for January 2019.

Compelling Evidence
The specialty societies indicated that there is compelling evidence that the physician work for CPT code 97610 *Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day,* has changed due to changes in the patient population. This service was last reviewed by the HCPAC in 2013. The technology was new in 2013 and the HCPAC and societies were concerned that the respondents overestimated the intra-service time and work because a wound size was not designated and therefore a crosswalk code was used to value the service. The current survey vignette specifies a wound size. With the new information regarding wound size communicated to the survey respondents, the patient population has changed as it is more clearly defined. This is reflected in the survey results with a median work value of 0.40 in comparison to a median work value of 0.51 in the survey conducted in 2013.

The HCPAC reviewed the survey results from 42 podiatrists and physical therapists for CPT code 97610 and agreed with the specialty society that the work RVU of 0.40, the survey median, appropriately accounts for the work required to perform this service. The HCPAC recommends 6 minutes of pre-service evaluation time, 15 minutes intra-service time and 5 minutes post-service time.

The HCPAC compared the surveyed code to key reference service 97035 *Application of a modality to 1 or more areas; ultrasound, each 15 minutes* (work RVU = 0.21 and 13 minutes total time), a service similar to the survey code but requiring 50% less time and estimated to be less intense and complex to perform and second key reference service 29581 *Application of multi-layer compression system; leg (below knee), including ankle and foot* (work RVU = 0.60 and 25 minutes total time), a service with similar total time, but more complex to perform. The HCPAC agreed codes 97035 and 29581 appropriately bracket code 97610. **The HCPAC recommends a work RVU of 0.40 for CPT code 97610.**

Practice Expense
The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	XXX	0.40

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:97610 Tracking Number Original Specialty Recommended RVU: **0.40**
Presented Recommended RVU: **0.40**
Global Period: XXX Current Work RVU: **0.35** RUC Recommended RVU: **0.40**

CPT Descriptor: Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female presents with a persistent lower extremity ulcer that currently measures 10 cm2. The wound is treated with low frequency, non-contact, non-thermal ultrasound therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient chart and referral from physician. Perform an updated history of medications with special attention to current blood thinners. Review pertinent past medical problems and any new problems that may have arisen since the previous visit. Position patient and remove existing dressings. Confirm all necessary supplies are available. Prepare the ultrasound mist therapy device.

Description of Intra-Service Work: Document the wound status, classification, size, location, drainage, and depth. Inspect and palpate the surrounding skin, wound edge, and exposed soft tissue. Deliver low-frequency ultrasound mist therapy to the patient by holding the transducer and applicator 1 cm to 1.5 cm away from the wound bed and moving the applicator in a serpentine fashion along the entire wound and wound margin for the designated time based on the wound size. Wipe the wound bed with gauze. Assess the wound bed and surrounding tissue for clinical changes.

Description of Post-Service Work: Apply an appropriate surgical dressing. Provide for a moist healing environment to help assist with subsequent wound healing and granulation tissue formation. Determine type of padding and specific material needed to offload the ulcer area; cut pad to properly remove pressure; and apply padding. Instruct patient and/or caregiver on appropriate home care, including dressing changes, as necessary. Instruct on importance of controlling concomitant medical conditions. Enter patient progress notes in medical chart. Answer patient and/or family questions. Discuss (oral and written) patient progress with PCP/referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Richard Rausch, PT, DPT; Brooke Bisbee, DPM		
Specialty Society(ies):	APTA, APMA		
CPT Code:	97610		
Sample Size:	6376	**Resp N:** 42	**Response:** 0.6 %
Description of Sample:	random sample from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	10.00	200.00
Survey RVW:	0.21	0.26	**0.40**	0.50	1.25
Pre-Service Evaluation Time:			**6.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**15.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	97610	**Recommended Physician Work RVU: 0.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**6.00**	**0.00**	**6.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
97035	XXX	0.21	**RUC Time**

CPT Descriptor Application of a modality to 1 or more areas; ultrasound, each 15 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
29581	000	0.60	**RUC Time**

CPT Descriptor Application of multi-layer compression system; leg (below knee), including ankle and foot

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92250	XXX	0.40	**RUC Time**	3,196,249

CPT Descriptor 1 Fundus photography with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99407	XXX	0.50	**RUC Time**	96,502

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 45.2 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 97610	Top Key Reference CPT Code: 97035	2nd Key Reference CPT Code: **29581**
Median Pre-Service Time	6.00	1.00	7.00
Median Intra-Service Time	15.00	10.00	13.00
Median Immediate Post-service Time	5.00	2.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**26.00**	**13.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	32%	62%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	26%	74%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	58%	37%
Physical effort required	5%	68%	26%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	47%	47%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	14%	29%	57%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	29%	57%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	29%	71%
Physical effort required	0%	43%	57%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In September 2005, the RUC began a process of flagging services that represent new technology as the codes were presented to the Committee. This October the RUC will review the codes that were flagged September 2013-April 2014 with three years of available claims data (2015, 2016 and preliminary 2017 data). Code 97610 was identified through this screen.

Compelling Evidence - *Flawed methodology in previous valuation.*

APMA and APTA conducted a RUC survey in 2013 and received an inadequate number of survey responses with experience. The MIST technology was new in 2013 and the HCPAC and societies were concerned that the respondents overestimated the intra-service time and work because a wound size was not designated (2013 survey median work RVU = 0.51; time = 10/25/10) and they believed the comparison code 97597 represented more work.

Therefore, it was recommended to directly crosswalk the time and work RVU from 29582 *Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed* (work RVU = 0.35; time - 4/12/2). The HCPAC also noted that since 97610 represents the use of new technology, it would be placed on the new technology list to re-examine and possibly resurvey after use of the technology has diffused.

In 2018, code 29582 (the crosswalk code) was deleted because it did not represent correct medical standards. In 2016, similar code 29581 work RVU was increase from 0.25 to 0.60. In 2018, similar code 97597 work RVU was increase from 0.51 to 0.88 (RUC recommendation pending CMS determination).

We believe the previous valuation and assignment of times by direct crosswalk instead of survey data was based on concern about survey time and work estimates compared with similar procedures. Since that time, the similar procedures have been reviewed by the RUC and increased or deleted by CPT. We are more confident in the time and work estimates in the current survey and believe these data compare well with the key reference codes, MPC codes, and many other minor procedures and services performed by podiatrists and physical therapists.

Recommendation

We recommend the survey median percentile work RVU of 0.40 and the survey median pre/intra/post times 6/15/5.

Key Reference Codes

Pre and post time for code 97035 are lower than 97610 because 97035 is typically reported with 2-3 other modality or therapeutic services and times were reduced to account for overlap of work—this is not the case for 97610. Patients undergoing wound care services are typically only receiving those services. Therefore, the pre and post times for 97610 are correctly similar to reference code 29581.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	0.21	0.014	13	1	10	2
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	0.40	0.010	26	6	15	5
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	0.60	0.025	25	7	13	5

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
92250	Fundus photography with interpretation and report	0.40	0.036	12	1	10	1
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	0.40	0.010	26	6	15	5
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	0.50	0.033	15	0	15	0

Other Code Comparison

The codes in the table below are familiar to podiatrist and physical therapists and have been recently reviewed. These data support the recommended times and work RVU for 97610. For example, codes that are related to wound care (11056, 29580, 97597) have similar pre and post times. The recommendation of 0.40 also compares well with therapy services that have 15 minutes of intra-time.

Year	CPT	DESCRIPTOR	Global	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
2010	**29540**	Strapping; ankle and/or foot	000	**0.39**	0.021	18	7	9	2
	97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	XXX	**0.40**	0.010	26	6	15	5
2017	**97140**	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	XXX	**0.43**	0.023	19	2	15	2
2017	**97110**	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX	**0.45**	0.024	19	2	15	2
2017	**97116**	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	XXX	**0.45**	0.024	19	2	15	2
2017	**97113**	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	XXX	**0.48**	0.026	19	2	15	2
2011	**11056**	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	000	**0.50**	0.030	19	7	10	2
2017	**97112**	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	XXX	**0.50**	0.027	19	2	15	2
2016	**29580**	Strapping; Unna boot	000	**0.55**	0.026	23	7	11	5
2018 RUC REC	**97597**	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	000	**0.88**	0.039	29	9	15	5

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97610

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Rarely

Specialty physical therapy How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,011
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty podiatry Frequency 1150 Percentage 22.94 %

Specialty physical therapy Frequency 1000 Percentage 19.95 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Skin

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 97610

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Ultrasonic Wound Assessment

TAB: 41e

					RVW					Total	PRE	INTRA					POST
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	PRE	MIN	25th	MED	75th	MAX	P-SD
REF1	97035	Application of a modality to 1 or more ar	19	0.014			0.21			13	1			10			2
REF2	29581	Application of multi-layer compression s	7	0.025			0.60			25	7			13			5
current	97610	Low frequency, non-contact, non-		0.018			0.35			18	4			12			2
SVY	97610	Low frequency, non-contact, non-therma	42	0.011	0.21	0.26	0.40	0.50	1.25	26	6	5	10	15	15	30	5
REC	97610	median		0.010			0.40			26	6			15			5

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

Global Period XXX Meeting Date: 01-2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: Society advisors reviewed the current PE details for 97610.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: N/A- current direct PE inputs use as reference.

3. Is this code(s) typically billed with an E/M service? No
   Is this code(s) typically billed with the E/M service in the nonfacility? No
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? Podiatry
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? 29%
   Is the dominant provider in the nonfacility different then for the global? No
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. Total minutes increase from 31 to 34 reflective of the increase in intra-time from 12 to 15.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time:* Assist provider with performing the procedure, which includes assessment and documentation of the wound, maintain extremity position during the MIST therapy in a clean environment, and assisting with redressing the extremity.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. N/A

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: N/A

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. N/A

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: N/A

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EQ168	light, exam	Default	32	=+K33+K34+K35+K36+K37+K46+K57+K59
EF031	table, power	Default	32	=+K33+K34+K35+K36+K37+K46+K57+K59
EQ368	MIST Therapy Cart	Highly Technical	22	=+K36+K37+K46+K57
EQ372	MIST Therapy System	Highly Technical	22	=+K36+K37+K46+K57

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: N/A

16. If there is any other item on your spreadsheet that needs further explanation please include here: N/A

17. Please include an explanation of each line item:

		current non-fac	recommended non-fac	
SB027	gown, staff, impervious	1	1	This is a wet procedure
SB022	globes, non-sterile		1	Both physician and staff were gloves. The multispecialty pack includes one pair, so one additional pair is needed.
SG051	gauze, non-sterile 4in x 4in	1	2	Cleansing wound after removing dressing and used to wipe up "mist" drippings from around wound during treatment
SA119	kit, low frequency ultrasound wound therapy (MIST)	1	1	Required for procedure. Each kit includes applicator, 2 disinfectant wipes (for equipment), absorbent pad (eg, chux), 100ml-1,000ml bag of saline
SJ009	basin, irrigation	1	0	delete - not typical
SG035	dressing, 3in x 4in (Telfa, Release)	2	1	post procedure dressing - cut to wound size as appropriate
SG052	gauze, self-adherent roll 0.5in to 2in (Fabco, Gauztex)	36	36	post procedure dressing
SG018	bandage, Kling, non-sterile 3in	1	1	post procedure dressing
SG079	tape, surgical paper 1in (Micropore)	12	12	post procedure dressing
EQ168	light, exam	19	30	necessary to assess wound
EF031	table, power	19	30	• A power table is standard equipment for the podiatry office and typical for all providers who would perform wound care services. That is to say that although other providers such as IM or NP may not typically have power tables in their office - if these providers

				perform wound care services, they will have a power table. • Wound care using MIST therapy is not something that would be common outside of specialized practices. These patients may need to be positioned prone or lateral while table low then height adjusted up for procedure. • PT and OT also provide this service and their hi-lo table is a power table, too. • Taken together, DPM, PT, and OT is 50% of the utilization in both the facility and non-facility. If you are only considering the office setting, then these three specialties are over 60%. **NOTE the following pricing by StrateGen indicates that a power table is less than the table used by PT and OT for these patients.:** EF031 table, power = $5,906.76 EF028 table mat hi-lo, 6.x8 = $11,850.35
EQ368	MIST Therapy Cart	19	22	required for procedure
EQ372	MIST Therapy System	19	22	required for procedure

	A	B	E	G	H	I	J
1	**RUC Practice Expense Spreadsheet**			**CURRENT**		**REVISED - 1-16-19**	
2		***more complete information about summaries and guidelines please see the PE***		**97610**		**97610**	
3		***RUC Collaboration Website***		Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed,		Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed,	
4	**Clinical Activity Code**	**Meeting Date: 01-2019 Tab: 41e Ultrasonic wound assessment Specialty: APMA, APTA**	**Clinical Staff Type**				
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		**$ 148.09**	**$ -**	**$ 147.42**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	RN/LPN/MTA	**31**	**0**	**32**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	RN/LPN/MTA	**31**	**0**	**32**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		**$ 11.47**	**$ -**	**$ 11.84**	**$ -**
13		**PRE-SERVICE PERIOD**					
14		**Start: Following visit when decision for surgery or procedure made**					
29		**End: When patient enters office/facility for surgery/procedure**					
30		**SERVICE PERIOD**					
31		**Start: When patient enters office/facility for surgery/procedure:**					
32		**Pre-Service (of service period)**					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	RN/LPN/MTA	3		3	
34	CA010	Obtain vital signs	RN/LPN/MTA	3		3	
35	CA011	Provide education/obtain consent	RN/LPN/MTA	3		1	
36	CA013	Prepare room, equipment and supplies	RN/LPN/MTA	2		2	
37	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	RN/LPN/MTA	2		2	
45		**Intra-service (of service period)**					
46	CA018	Assist physician or other qualified healthcare professional---directly related to	RN/LPN/MTA	12		15	
56		**Post-Service (of service period)**					
57	CA024	Clean room/equipment by clinical staff	RN/LPN/MTA	3		3	
58	CA029	Check dressings, catheters, wounds	RN/LPN/MTA	1		1	
59	CA035	Review home care instructions, coordinate visits/prescriptions	RN/LPN/MTA	2		2	
60	CA036	Discharge day management	RN/LPN/MTA	**n/a**		**n/a**	
61		**End: Patient leaves office**					
62		**POST-SERVICE PERIOD**					
63		**Start: Patient leaves office/facility**					
79		**End: with last office visit before end of global period**					
80	**Supply**	**MEDICAL SUPPLIES**	**UNIT**				
81		**TOTAL COST OF SUPPLY QUANTITY x PRICE**		**$ 134.08**	**$ -**	**$ 132.48**	**$ -**
82	SB027	gown, staff, impervious	item	1		1	
83	SB022	gloves, non-sterile	pair			1	
84	SG051	gauze, non-sterile 4in x 4in	item	1		2	
85	SA048	pack, minimum multi-specialty visit	pack	1		1	
86	SA119	kit, low frequency ultrasound wound therapy (MIST)	0	1		1	
87	SJ009	basin, irrigation	item	1			
88	SG035	dressing, 3in x 4in (Telfa, Release)	item	2		1	
89	SG052	gauze, self-adherent roll 0.5in to 2in (Fabco, Gauztex)	inch	36		36	
90	SG018	bandage, Kling, non-sterile 3in	item	1		1	
91	SG079	tape, surgical paper 1in (Micropore)	inch	12		12	
92	**Equipment Code**	**EQUIPMENT**	**Equipment Formula**				
93		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**		**$ 2.54**	**$ -**	**$ 3.10**	**$ -**
94	EQ168	light, exam	Default	19		30	
95	EF031	table, power	Default	19		30	
96	EQ368	MIST Therapy Cart	Highly Technical	19		22	
97	EQ372	MIST Therapy System	Highly Technical	19		22	

	A	B	E	G	H	I	J
1	**RUC Practice Expense Spreadsheet**			**CURRENT**		**REVISED - 1-16-19**	
2		***more complete information about summaries and guidelines please see the PE***		**97610**		**97610**	
3		***RUC Collaboration Website***		Low frequency, non-contact, non-thermal ultrasound, including topical application(s),		Low frequency, non-contact, non-thermal ultrasound, including topical application(s),	
4	**Clinical Activity Code**	**Meeting Date: 01-2019 Tab: 41e Ultrasonic wound assessment Specialty: APMA, APTA**	**Clinical Staff Type**				
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		**$ 148.09**	**$ -**	**$ 147.42**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	RN/LPN/MTA	**31**	**0**	**32**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	RN/LPN/MTA	**31**	**0**	**32**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		**$ 11.47**	**$ -**	**$ 11.84**	**$ -**
13		**PRE-SERVICE PERIOD**					
14		**Start: Following visit when decision for surgery or procedure made**					
29		**End: When patient enters office/facility for surgery/procedure**					
30		**SERVICE PERIOD**					
31		**Start: When patient enters office/facility for surgery/procedure:**					
32		**Pre-Service (of service period)**					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	RN/LPN/MTA	3		3	
34	CA010	Obtain vital signs	RN/LPN/MTA	3		3	
35	CA011	Provide education/obtain consent	RN/LPN/MTA	3		1	
36	CA013	Prepare room, equipment and supplies	RN/LPN/MTA	2		2	
37	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	RN/LPN/MTA	2		2	
45		**Intra-service (of service period)**					
46	CA018	Assist physician or other qualified healthcare professional---directly related to	RN/LPN/MTA	12		15	
56		**Post-Service (of service period)**					
57	CA024	Clean room/equipment by clinical staff	RN/LPN/MTA	3		3	
58	CA029	Check dressings, catheters, wounds	RN/LPN/MTA	1		1	
59	CA035	Review home care instructions, coordinate visits/prescriptions	RN/LPN/MTA	2		2	
60	CA036	Discharge day management	RN/LPN/MTA	**n/a**		**n/a**	
61		**End: Patient leaves office**					
62		**POST-SERVICE PERIOD**					
63		**Start: Patient leaves office/facility**					
79		**End: with last office visit before end of global period**					
80	**Supply**	**MEDICAL SUPPLIES**	**UNIT**				
81		**TOTAL COST OF SUPPLY QUANTITY x PRICE**		**$ 134.08**	**$ -**	**$ 132.48**	**$ -**
82	SB027	gown, staff, impervious	item	1		1	
83	SB022	gloves, non-sterile	pair			1	
84	SG051	gauze, non-sterile 4in x 4in	item	1		2	
85	SA048	pack, minimum multi-specialty visit	pack	1		1	
86	SA119	kit, low frequency ultrasound wound therapy (MIST)	0	1		1	
87	SJ009	basin, irrigation	item	1			
88	SG035	dressing, 3in x 4in (Telfa, Release)	item	2		1	
89	SG052	gauze, self-adherent roll 0.5in to 2in (Fabco, Gauztex)	inch	36		36	
90	SG018	bandage, Kling, non-sterile 3in	item	1		1	
91	SG079	tape, surgical paper 1in (Micropore)	inch	12		12	
92	**Equipment Code**	**EQUIPMENT**	**Equipment Formula**				
93		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**		**$ 2.54**	**$ -**	**$ 3.10**	**$ -**
94	EQ168	light, exam	Default	19		30	
95	EF031	table, power	Default	19		30	
96	EQ368	MIST Therapy Cart	Highly Technical	19		22	
97	EQ372	MIST Therapy System	Highly Technical	19		22	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Negative IWPUT for code 33015*

January 2019

Pericardiocentesis and Pericardial Drainage – Tab 4

In September 2018, CPT replaced four codes with four new codes to describe periodcardiocentesis drainage procedures to differentiate by age and to include imaging guidance. CPT Code 33015 was originally identified by the RUC's Relativity Assessment Workgroup for review due to its negative IWPUT.

Compelling Evidence
The RUC reviewed the specialty's presented argument for compelling evidence. While CPT code 33010 was on the RUC's first Five-Year Review agenda, no action was taken. The work RVU and times are from the Harvard study. Since that time, other similar services that involve a lower amount of physician work reviewed by the RUC and CMS, and now have higher values. This creates a rank order anomaly across families of cardiology services. The top key reference service 32557 *Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance* (work RVU = 3.12) is one example of a service that involves less physician work yet is valued higher than code 33010 currently. Code 33015 currently has a very general code descriptor, was most recently valued under the Harvard study and has a negative IWPUT. Since code 33010 and 33015 were last valued, there has been a change in the patient population; patients who receive these services have become more complex, acute, and heterogeneous. These used to typically be patients who had chronic effusions during renal failure and dialysis. Today this is a heterogenous population, including malignancies, infections, iatrogenic effusions with tapenade, and other complications of implanted therapeutic devices like pacemakers and ICDs. The RUC accepted compelling evidence based on incorrect assumptions in prior valuation, rank order anomaly and a change in patient population.

33016 *Pericardiocentesis, including imaging guidance, when performed*
The RUC reviewed the survey results from 97 interventional cardiologists and agreed on the following physician time components: 18 minutes of pre-service evaluation, 1 minute of pre-service positioning, 6 minutes of pre-service scrub/dress/wait, 30 minutes of intra-service time and 20 minutes of immediate post-service time. Although this procedure is typically urgent to perform, it is not emergent.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 5.00. The RUC noted that this procedure is one of the more intense procedures that interventional cardiologists perform, with two of the most common complications being either lacerating the coronary artery or sticking the catheter into the right ventricle. To justify a work RVU of 5.00, the RUC compared the survey code to CPT code 45385 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique* (work RVU= 4.57, intra-service time of 30 minutes, total time of 68 minutes) and noted that both services have identical intra-service time and involve a similar intensity of physician work — the survey code involves approximately 10 percent more total time, supporting a higher valuation. The RUC also compared the survey code to CPT code 31276 *Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed* (work RVU= 6.75,

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intra-service time of 45 minutes, total time of 98 minutes) and noted that the reference code involves more time, and is appropriately valued higher In addition, the RUC compared the survey code to CPT code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.46, intra-service time of 30 minutes, total time of 73 minutes) and noted that although both services involve identical intra-service time, the survey code is clinically a much more intense service to perform, placing these services in the proper rank order. **The RUC recommends a work RVU of 5.00 for CPT code 33016.**

33017 ***Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly***

The RUC reviewed the survey results from 50 interventional cardiologists and agreed on the following physician time components: 18 minutes of pre-service evaluation, 1 minute of pre-service positioning, 6 minutes of pre-service scrub/dress/wait, 30 minutes of intra-service time and 22 minutes of immediate post-service time. The RUC agreed with the specialty society that although 33016 and 33017 involve the same amount of intra-service time and similar amounts of total time, the pericardial drainage procedure with insertion of indwelling catheter is a more intense service to perform, justifying a higher work value for a similar amount of time. This procedure includes all of the work of CPT code 33016, with the addition of suturing an indwelling catheter in place as well as the work of managing that catheter. This service is typically emergent as the patient is hemodynamically unstable. Even though this service is emergent, it is typically performed in the cardiac catheter lab and not at the bedside. With the drain left in place, the physician must provide additional documentation and additional instructions for care of the drain relative to 33016.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 5.50. To justify a work RVU of 5.50, the RUC compared the survey code to CPT code 93456 *Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization* (work RVU= 5.90, intra-service time of 40 minutes, total time of 108 minutes) and noted that the reference code involves more intra-service time and total time, justifying a higher valuation than the survey code. The RUC also compared the survey code to CPT code 31276 *Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed* (work RVU= 6.75, intra-service time of 45 minutes, total time of 98 minutes) and noted that the reference code involves more time and is appropriately valued higher. In addition, the RUC compared the survey to CPT code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.46, intra-service time of 30 minutes, total time of 73 minutes) and noted that although both services involve identical intra-service time, the survey code is clinically a much more intense service to perform, placing these services in the proper rank order. **The RUC recommends a work RVU of 5.50 for CPT code 33017.**

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33018 ***Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age, or any age with congenital cardiac anomaly***
The RUC reviewed the survey results from 41 interventional cardiologists and agreed on the following physician time components: 40 minutes of pre-service evaluation, 3 minutes of pre-service positioning, 13 minutes of pre-service scrub/dress/wait, 30 minutes of intra-service time and 20 minutes of immediate post-service time. The specialty noted and the RUC agreed that unlike the other services in this family, general anesthesia is always used for this patient population. The specialty noted and the RUC agreed that, since there is less space for the fluid to accumulate in a small child, the target-zone is smaller for the needle, and therefore the procedure is more intense. Also, the patient is typically more complex relative to the typical patient for the other services in this new code family. The specialty noted that the pre-service evaluation time for this service is much longer because the physician is discussing the procedure with the parent of the patient which typically take longer than discussing the procedure with an adult patient, which is the typical patient for the other services in this family.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the survey 25th percentile work RVU of 5.00 undervalues the work of the service and the median work RVU of 7.00 overvalues the work required to perform the service. To determine an appropriate work RVU, the RUC compared the survey code to CPT code 31603 *Tracheostomy, emergency procedure; transtracheal* (work RVU= 6.00, intra-service time of 30 minutes, total time of 105 minutes) and noted that both services have identical intra-service time, involve a very similar amount of total time and an identical amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from code 31603 to 33018. The RUC noted that this direct work RVU crosswalk would place this pediatric/congenital pericardial drainage in appropriate rank order with the other codes in the family, pericardiocentesis code 33X00 and adult pericardial drainage code 3XX01. The RUC compared the survey code to CPT code 45390 *Colonoscopy, flexible; with endoscopic mucosal resection* (work RVU= 6.04, intra-service time of 45 minutes, total time of 83 minutes) and noted that although the reference code involves more intra-service time, the survey code involves more total time and is more intense and complex to perform justifying the similar work value. In addition, the RUC compared the survey to CPT code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.46, intra-service time of 30 minutes, total time of 73 minutes) and noted that although both services involve identical intra-service time, the survey code is clinically a much more intense service to perform, placing these services in the proper rank order. . **The RUC recommends a work RVU of 6.00 for CPT code 33018.**

33019 ***Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance***
The RUC reviewed the survey results from 50 radiologists and interventional radiologists and agreed on the following physician time components: 30 minutes of pre-service evaluation, 5 minutes of pre-service positioning, 6 minutes of pre-service scrub/dress/wait, 28 minutes of intra-service time and 15 minutes of immediate post-service time. The additional positioning time for this code relative to the others in the code family was due to the need to place the patient and their apparatus in the CT machine. This procedure is performed very uncommonly and only performed on patients where there is no viable approach for ultrasound due to existing scars or some other type of impediment.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 5.00. To justify a work RVU of 5.00, the RUC compared the survey code to CPT code 45385 *Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique* (work RVU= 4.57, intra-

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service time of 30 minutes, total time of 68 minutes) and noted that although both services have similar intra-service time, the survey code involves more intense work including more complex, acutely ill patients as well as higher total time which supports a higher valuation. The RUC also compared the survey code to CPT code 31276 *Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed* (work RVU= 6.75, intra-service time of 45 minutes, total time of 98 minutes) and noted that the reference code involves more time and is appropriately valued higher. In addition, the RUC compared the survey code to CPT code 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU= 4.46, intra-service time of 30 minutes, total time of 73 minutes) and noted that although both services involve similar intra-service time, the survey code is clinically a much more intense service to perform, placing these services in the proper rank order. **The RUC recommends a work RVU of 5.00 for CPT code 33019.**

Practice Expense
The RUC recommends for this family of facility-only services to have no direct practice inputs as all services are only provided in the facility setting.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Heart and Pericardium** **Pericardium** To report pericardial drainage with insertion of indwelling catheter (33017, 33018, 33019), the catheter needs to remain in place when the procedure is completed. Codes 33017, 33018, 33019 should not be reported when a catheter is placed to aspirate fluid and then removed at the conclusion of the procedure. Congenital cardiac anomaly for reporting percutaneous pericardial drainage with insertion of indwelling catheter ~~reporting~~ is defined as abnormal situs (heterotaxy, dextrocardia, mesocardia), single ventricle anomaly/physiology, or any patient in the first 90-day postoperative period after repair of a congenital cardiac anomaly. *(For thoracoscopic (VATS) pericardial procedures, see 32601, 32604, 32658, 32659, 32661)*				

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~~D~~33010	-	~~Pericardiocentesis; initial~~ ~~(For radiological supervision and interpretation, use 76930)~~	000	N/A (2019 work RVU = 1.99)
~~D~~33011	-	~~subsequent~~ (33010, 33011 have been deleted. To report, see 33016, 33017, 33018, 33019)	~~000~~	N/A (2019 work RVU = 1.99)
~~D~~33015	-	~~Tube pericardiostomy~~ (33015 has been deleted. To report, see 33017, 33018, 33019)	~~090~~	N/A (2019 work RVU = 8.52)
●33016	O1	Pericardiocentesis, including imaging guidance, when performed (Do not report 33016 in conjunction with 76942, 77002, 77012, 77021)	000	5.00
●33017	O2	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	000	5.50
●33018	O3	birth through 5 years of age, or any age with congenital cardiac anomaly (Do not report 33017, 33018 in conjunction with 75989, 76942, 77002, 77012, 77021) (For CT guided pericardial drainage, use 33019) (Do not report 33016, 33017, 33018 in conjunction with 93306-93325 when echocardiography is performed solely for the purpose of pericardiocentesis guidance)	000	6.00
●33019	O4	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance (Do not report 33019 in conjunction with 75989, 76942, 77002, 77012, 77021)	000	5.00

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33020 *Pericardiotomy for removal of clot or foreign body (primary procedure)*
33025 *Creation of pericardial window or partial resection for drainage*

(Do not report 33020, 33025 in conjunction with 32551, if pleural drain/chest tube is placed on the ipsilateral side)
(For thoracoscopic (VATS) pericardial window, use 32659)

Radiology
Diagnostic Radiology
(Diagnostic Imaging)
Vascular Procedures
Transcatheter Procedures

75989 *Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation*

(Do not report 75989 in conjunction with 10030, 32554, 32555, 32556, 32557, 33017, 33018, 33019, 47490, 49405, 49406, 49407)

Diagnostic Ultrasound
Ultrasonic Guidance Procedures

~~**D**76930~~	-	~~Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation~~ (76930 has been deleted. To report, see 33016, 33017, 33018)	XXX	N/A (2019 work RVU = 0.67)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33016 Tracking Number O1 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **5.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **5.00**

CPT Descriptor: Pericardiocentesis, including imaging guidance, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old male with lung cancer presents with a large pericardial effusion, slowly accumulating over the past several weeks. Chest X ray shows an enlarged cardiac silhouette and ultrasound confirms presence of a large pericardial effusion. Fluid sample is requested for purpose of assisting with establishing etiology and staging.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's clinical findings, history, medications, and allergies are reviewed, typically with the primary care team. All lab data is evaluated, particularly coagulation results, electrolytes, and indicators of infection. All existing imaging is reviewed, including echocardiogram, CXR, and CT/MR, if available. Procedure details are discussed with the family, including benefits versus risks, possible complications, sedation, and recovery time. All questions are answered, and a signed informed consent is obtained. The physician ensures that any necessary imaging, appropriate specimen containers, and all other necessary equipment are available. A pre-procedure time out is performed, and the physician communicates the plan with the other physicians (ICU or anesthesia) who may be present. The site is prepped and draped in sterile fashion by the physician.

Description of Intra-Service Work: Moderate sedation or general anesthesia is used, as applicable given the patient's clinical status and/or age. Depending on the clinical stability of the patient's condition, the procedure may be performed either at the bedside, often emergently, or transferred to the cardiac catheterization laboratory. Injection of local anesthetic carefully along the insertion site is made . With use of a sterile sleeve, continuous echocardiographic guidance is provided, typically by a second physician but not separately reportable. The optimal pocket of fluid is identified and percutaneous technique used to pass a needle through the skin and soft tissue, into the pericardial space, until fluid is aspirated. A thin guidewire is then passed through the needle into the pericardial space. This is often performed from the sub-xiphoid approach, however, can vary significantly to almost anywhere along the costal margin as appropriate. Fluoroscopy may or may not be used, depending on where the procedure is performed, and is not additionally reportable. Care must be taken to ensure the needle and wire are in the pericardial space. To this end this is performed with direct echocardiographic and/or fluoroscopic confirmation and an injection of agitated saline/blood mixture into the space is also performed. The needle can also be attached briefly to a pressure transducer to demonstrate absence of a ventricular waveform. Once absolutely certain of proper positioning, the needle is removed, and a small incision is made in the skin and the tract dilated with a dilator, and the larger bore wire is placed. A multi-side hole drain is then placed over that wire, within the pericardial sac, and fluid manually aspirated to expedite stabilizing the patient. Fluid continues to be withdrawn with frequent reassessment by ultrasound and adjustment of the catheter position to ensure complete and thorough drainage. The catheter is then reconnected to a pressure transducer to ensure the pericardial pressure has returned close to zero. The drain is then

removed. Fluid collected is then divided into multiple tubes for cell counts, chemistries, bacterial cultures, cytology and whatever else may be appropriate. A sterile, occlusive, dressing is applied. The extensive laboratory forms must be completed and associated with the samples.

Description of Post-Service Work: Post-procedure vital signs are assessed. If performed in the ICU, the patient's care is transferred back to the ICU team. If performed in the cardiac catheterization lab, the patient is transferred back to the ICU to resume care, and a hand off report given to the care team. A CXR is obtained (reported separately). When stable, the findings are reviewed with patient and/or legal representative. A report of the procedure is prepared for the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Cliff Kavinsky, MD; Richard Wright, MD; Sergio Bartakian, MD; Thad Waites, MD; Ed Tuohy, MD				
Specialty Society(ies):	ACC, SCAI				
CPT Code:	33016				
Sample Size:	1700	**Resp N:**	97	**Response:** 5.7 %	
Description of Sample:	random; adult and pediatric interventional cardiologists were surveyed for 3X000 and 3X002; adult interventional cardiologists were surveyed for 3X000and 3X001				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	25.00
Survey RVW:	1.00	5.00	**6.00**	7.85	20.00
Pre-Service Evaluation Time:			**42.00**		
Pre-Service Positioning Time:			**11.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	5.00	20.00	**30.00**	40.00	60.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	33016	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**28.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32557	000	3.12	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37236	000	8.75	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	32,181

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36475	000	5.30	**RUC Time**	127,660

CPT Descriptor 2 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 14.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 33016	**Top Key Reference CPT Code:** 32557	**2nd Key Reference CPT Code:** **37236**
Median Pre-Service Time	46.00	22.00	31.00
Median Intra-Service Time	30.00	30.00	90.00
Median Immediate Post-service Time	20.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**96.00**	**67.00**	**151.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	6%	61%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	15%	85%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	6%	94%
Physical effort required	0%	45%	55%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	6%	94%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	21%	50%	29%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	36%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	0%	21%	79%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 33015 (Tube pericardiostomy) appeared on a recent CMS/RAW screen for codes with negative IWPUTs. The code was initially flagged for deletion by the RAW, but at CPT stakeholders realized percutaneous pericardial drainage procedures were being reported using 33015. However, the code descriptor was antiquated, and the 90-day global period is inconsistent with current practice and other drainage procedures. Work at CPT also ended up including changes to codes 33010 and 33011 that describe pericardiocentesis. These codes describe pericardiocentesis not involving the placement of an indwelling drainage catheter. It was also felt that physician work varied for percutaneous pericardial drainage for patients with congenital cardiac anatomy compared to those with normal anatomy. Each of these services may be performed with imaging guidance, though it varies by service.

SCAI and ACC distributed surveys for these three codes to two different random respondent pools. One pool of interventional cardiologists received a survey that included pericardiocentesis code 33016 and drainage code 33017. The other pool of pediatric and interventional cardiologists received a survey that included pericardiocentesis code 33016 and pediatric/congenital drainage code 33018.

Compelling Evidence that 33010 is misvalued

Incorrect Assumptions in Prior Valuation/Rank Order Anomaly: While 33010 was on the RUC's first 5-year review agenda, no action was taken. The RVU and times are Harvard values. Since that time, other similar services that would clinically and logically seem to carry lower values have been updated at CPT, reviewed by the RUC, and now have higher values. This creates a rank order anomaly across families. Survey KRS 32557 for percutaneous pleural drainage with catheter and imaging is one example. The societies believe compelling evidence exists that 33010 is misvalued. We also note that this procedure is performed a few thousand times a year in Medicare, so it would not have hit any prior screens.

Patient population has changed: Since this code was valued, the patients who receive this service have become more complex, acute, and heterogeneous. These used to typically be patients who had chronic effusions during renal failure and dialysis. Today this is a heterogenous population, including malignancies, infections, iatrogenic effusions with tapenade, and other complications of implanted therapeutic devices like pacemakers and ICDs.

Rationale

Key reference code 32557 for percutaneous pleural drainage with catheter and imaging was selected by 33 respondents. That service has an identical 30 minutes of intraservice time with slightly shorter pre- and post-service times at 3.12 work RVUs. Respondents predominantly indicated pericardiostomy to be more or much more intense/complex than pleural drainage. Second key reference code 37236 for transcatheter intravascular stent placement was selected by 14 respondents. That service is longer and has a higher value, but a similar intensity to the pleural drainage code. Respondents who selected this reference code again predominantly indicated pericardiostomy to be more or much more intense/complex.

For further comparison, MPC code 37191 for insertion of intravascular vena cava filter also has 30 minutes of intraservice time and nearly identical total time. However, by magnitude estimation, we believe it is appropriate for 33016 to have a higher work RVU than 37191. Therefore, the societies **recommend the survey 25th-percentile work RVU of 5.00 with 25 minutes preservice time from package 2, 30 minutes intraservice from the survey, and 20 minutes postservice time from package 8B with 8 minutes removed.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33010

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty interventional cardiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 19500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming Medicare PFS data is about a third of utilization, national use would approach be around 19,500

Specialty cardiology Frequency 8700 Percentage 44.61 %

Specialty interventional cardiology Frequency 6000 Percentage 30.76 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on 2017 Medicare PFS utilization and trend of some growth.

Specialty cardiology Frequency 2900 Percentage 44.61 %

Specialty interventional cardiology Frequency 2000 Percentage 30.76 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33010

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33017 Tracking Number O2 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **5.50**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **5.50**

CPT Descriptor: Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male with chronic heart failure and acute hemodynamic instability. Chest X ray shows an enlarged cardiac silhouette and ultrasound confirms presence of a large pericardial effusion. The patient is transported to the cardiac catheterization lab for pericardial drain placement.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's clinical findings, history, medications, and allergies are reviewed. All lab data is evaluated, particularly coagulation results, electrolytes, and indicators of infection. All existing imaging is reviewed, including echocardiogram, CXR, and CT/MR, if available. Procedure details are discussed with the patient and/or legal representative, including benefits versus risks, possible complications, sedation, and recovery time. All questions are answered and a signed informed consent is obtained. The physician ensures that any necessary imaging, appropriate specimen containers, and all other necessary equipment are available. A pre-procedure time out is performed and the physician communicates the plan with the other members of the care team who may be present. Moderate sedation or general anesthesia is used, as applicable given the patient's clinical status and/or age. Depending on the clinical stability of the patient's condition, the procedure may be performed either at the bedside, often emergently, or transferred to the cardiac cath lab. The patient is prepped and draped in sterile fashion.

Description of Intra-Service Work: Moderate sedation or general anesthesia is used, as applicable given the patient's clinical status and/or age. Depending on the clinical stability of the patient's condition, the procedure may be performed either at the bedside, often emergently, or transferred to the cardiac catheterization laboratory. Injection of local anesthetic along the insertion site is completed. With use of a sterile sleeve, continuous echocardiographic guidance is provided, typically by a second physician but not and separately reportable. The optimal pocket of fluid is identified and percutaneous technique used to pass a needle through the skin and soft tissue, into the pericardial space, until fluid is aspirated. A thin guidewire is then passed through the needle into the pericardial space. This is often performed from the sub-xiphoid approach, however can vary significantly to almost anywhere along the costal margin as appropriate. Fluoroscopy may or may not be used, depending on where the procedure is performed, and is not additionally reportable. Care must be taken to ensure the needle and wire are in the pericardial space. This is performed with direct echocardiographic and/or fluoroscopic confirmation and, occasionally, an injection of agitated saline/blood mixture into the space is also performed. The needle can also be attached briefly to a pressure transducer to demonstrate absence of a ventricular waveform. Once absolutely certain of proper positioning, the needle is removed and a small incision is made in the skin and the tract dilated with a dilator, and the larger bore wire is placed. A multi-side hole drain is then placed over thate wire, within the pericardial sac, and fluid manually aspirated to expedite stabilizing the patient. Fluid continues to be

withdrawn with frequent reassessment by ultrasound and adjustment of the catheter position to ensure complete and thorough drainage. The catheter is then reconnected to a pressure transducer to ensure the pericardial pressure has returned close to zero. The drain is then secured with either sutures or other approved device and attached to suction. Fluid collected is then divided into multiple tubes for cell counts, chemistries, bacterial cultures, cytology and whatever else may be appropriate is sent for lab analysis. A sterile, occlusive, dressing is applied. The extensive laboratory forms must be completed and associated with the samples. The drain must be further secured against disruption by transit of the patient back to the intensive care unit.

Description of Post-Service Work: Post-procedure vital signs are assessed. If performed in the ICU, the patient's care is transferred back to the ICU team. If performed in the cardiac catheterization lab, the patient is transferred back to the ICU to resume care, and a hand off report given to the care team. A CXR is obtained (reported separately). When stable, the findings are reviewed with patient and/or legal representative. A report of the procedure is prepared for the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Cliff Kavinsky, MD; Richard Wright, MD; Sergio Bartakian, MD; Thad Waites, MD; Ed Tuohy, MD					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	33017					
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %		
Description of Sample:	random; adult interventional cardiologists were surveyed for 3X000and 3X001; adult and pediatric interventional cardiologists were surveyed for 3X000 and 3X002					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	4.00	**7.00**	10.00	25.00
Survey RVW:	1.00	5.50	**7.50**	8.69	30.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	25.00	**30.00**	45.00	120.00

Immediate Post Service-Time:	**22.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	33017	**Recommended Physician Work RVU: 5.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**22.00**	**28.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37236	000	8.75	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32557	000	3.12	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	32,181

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36475	000	5.30	**RUC Time**	127,660

CPT Descriptor 2 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 14.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 33017	**Top Key Reference CPT Code:** 37236	**2nd Key Reference CPT Code:** **32557**
Median Pre-Service Time	25.00	31.00	22.00
Median Intra-Service Time	30.00	90.00	30.00
Median Immediate Post-service Time	22.00	30.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**77.00**	**151.00**	**67.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	37%	13%	50%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	18%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	24%	70%
Physical effort required	12%	29%	59%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	24%	76%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	36%	64%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	9%	91%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	9%	91%
Physical effort required	0%	27%	73%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 33015 (Tube pericardiostomy) appeared on a recent CMS/RAW screen for codes with negative IWPUTs. The code was initially flagged for deletion by the RAW, but at CPT stakeholders realized percutaneous pericardial drainage procedures were being reported using 33015. However, the code descriptor was antiquated, and the 90-day global period is inconsistent with current practice and other drainage procedures. Work at CPT also ended up including changes to codes 33010 and 33011 that describe pericardiocentesis. These codes describe pericardiocentesis not involving the placement of an indwelling drainage catheter. It was also felt that physician work varied for percutaneous pericardial drainage for patients with congenital cardiac anatomy compared to those with normal anatomy. Each of these services may be performed with imaging guidance, though it varies by service.

SCAI and ACC distributed surveys for these three codes to two different random respondent pools. One pool of interventional cardiologists received a survey that included pericardiocentesis code 33016 and drainage code 33017. The other pool of pediatric and interventional cardiologists received a survey that included pericardiocentesis code 33016 and pediatric/congenital drainage code 33018.

Rationale

Key reference code 37236 for transcatheter intravascular stent placement was selected by 17 respondents. That service is longer and has a higher value than 33017. Respondents predominantly indicated pericardial drainage to be more or much more intense/complex. Second key reference code 32557 for percutaneous pleural drainage with catheter and imaging was selected by 11 respondents. Respondents who selected this reference code again predominantly indicated pericardial drainage to be more or much more intense/complex.

For further comparison, MPC code 37191 for insertion of intravascular vena cava filter also has 30 minutes of intraservice time and nearly identical total time. However, by magnitude estimation, we believe it is appropriate for 33017 to have a higher work RVU than 37191. It should also be higher than 33016 to account for the drain placement, though we recognize that the intraservice times for both services was 30 minutes in the survey. Therefore, **the societies recommend the survey 25th-percentil work RVU of 5.50 with 25 minutes preservice time from package 2, 30 minutes intraservice from the survey, and 22 minutes postservice time from package 8B with 6 minutes removed.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33015

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty interventional cardiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3900
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming Medicare PFS data is about a third of utilization, national use would approach be around 19,500

Specialty cardiology Frequency 1200 Percentage 30.76 %

Specialty interventional cardiology Frequency 1200 Percentage 30.76 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on 2017 Medicare PFS utilization and trend of some growth.

Specialty cardiology Frequency 400 Percentage 30.76 %

Specialty interventional cardiology Frequency 400 Percentage 30.76 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33015

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33018 Tracking Number O3 Original Specialty Recommended RVU: **7.00**
Presented Recommended RVU: **7.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **6.00**

CPT Descriptor: Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age, or any age with congenital cardiac anomaly

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 3-month-old, 6-kg infant male presents status post open-heart-surgery for repair of coarctation of the aorta and an atrial septal defect. Postoperative day two, the infant has rapid deterioration and hemodynamic instability. The ICU obtains a stat transthoracic echocardiogram, which confirms the presence of a large pericardial effusion, and evidence of tamponade physiology.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's clinical findings, history, medications, and allergies are reviewed, typically with the primary care team. All lab data is evaluated, particularly coagulation results, electrolytes, and indicators of infection. All existing imaging is reviewed, including echocardiogram, CXR, and CT/MR, if available. Procedure details are discussed with the family, including benefits versus risks, possible complications, sedation, and recovery time. All questions are answered and a signed informed consent is obtained. The physician ensures that any necessary imaging, appropriate specimen containers, and all other necessary equipment are available. A pre-procedure time out is performed and the physician communicates the plan with the other physicians (ICU or anesthesia) who may be present. Depending on the emergent extent of the patient's condition, the procedure may be performed either at the bedside, or transferred to the cardiac cath lab. The patient is prepped and draped in sterile fashion. Application of local anesthetic may be applied.

Description of Intra-Service Work: With use of a sterile sleeve, continuous echocardiographic guidance is provided, typically by a second cardiologist and separately reportable. The optimal pocket of fluid is identified and percutaneous technique used to pass a needle through the skin and soft tissue, into the pericardial space, until fluid is aspirated. A thin guidewire is then passed through the needle into the pericardial space. This is often performed from the sub-xiphoid approach, however can vary significantly to almost anywhere along the costal margin as well as occasionally being over the right chest for patients with dextrocardia. Fluoroscopy may or may not be used, depending on where the procedure is performed, and is not additionally reportable. Due to the extremely small size of the patient's heart and pericardial sac, great care must be taken to ensure the needle and wire are in the pericardial space. This is performed with direct echocardiographic and/or fluoroscopic confirmation. Occasionally, an injection of agitated saline/blood mixture into the space is also performed. The needle can also be attached briefly to a pressure transducer to demonstrate absence of a ventricular waveform. Once absolutely certain of proper positioning, the needle is removed and a small incision is made in the skin and the tract dilated with a dilator, and removed. A multi-side hole drain is then placed over the wire, within the pericardial sac, and fluid manually aspirated to expedite stabilizing the patient. The drain is then secured with either sutures or other approved device and attached to suction. Fluid collected is sent for lab analysis. A sterile, occlusive, dressing is applied.

Description of Post-Service Work: Post-procedure vital signs are assessed. If performed in the ICU, the patient's care is transferred back to the ICU team. If performed in the cardiac catheterization lab, the patient is transferred back to the ICU to resume care, and a hand off report given to the care team. A CXR is obtained (reported separately). When stable, the findings are reviewed with patient's family. A report of the procedure is prepared for the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Cliff Kavinsky, MD; Richard Wright, MD; Sergio Bartakian, MD; Thad Waites, MD; Ed Tuohy, MD					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	33018					
Sample Size:	700	**Resp N:**	41	**Response:** 5.8 %		
Description of Sample:	random; adult interventional cardiologists were surveyed for 3X000and 3X001; adult and pediatric interventional cardiologists were surveyed for 3X000 and 3X002					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**3.00**	6.00	20.00
Survey RVW:	3.00	5.00	**7.00**	8.28	14.75
Pre-Service Evaluation Time:			**43.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**13.00**		
Intra-Service Time:	10.00	21.00	**30.00**	45.00	80.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33018	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**13.00**	**20.00**	**-7.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**33.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32557	000	3.12	**RUC Time**

CPT Descriptor Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37191	000	8.75	**RUC Time**

CPT Descriptor Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	32,181

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36475	000	5.30	**RUC Time**	127,660

CPT Descriptor 2 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 41.4 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 19.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 33018	**Top Key Reference CPT Code:** 32557	**2nd Key Reference CPT Code:** **37191**
Median Pre-Service Time	25.00	22.00	31.00
Median Intra-Service Time	30.00	30.00	90.00
Median Immediate Post-service Time	22.00	15.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**77.00**	**67.00**	**151.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	6%	56%	38%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	13%	87%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	56%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	6%	94%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	14%	57%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	37%	38%
Physical effort required	13%	12%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 33015 (Tube pericardiostomy) appeared on a recent CMS/RAW screen for codes with negative IWPUTs. The code was initially flagged for deletion by the RAW, but at CPT stakeholders realized percutaneous pericardial drainage procedures were being reported using 33015. However, the code descriptor was antiquated, and the 90-day global period is inconsistent with current practice and other drainage procedures. Work at CPT also ended up including changes to codes 33010 and 33011 that describe pericardiocentesis. These codes describe pericardiocentesis not involving the placement of an indwelling drainage catheter. It was also felt that physician work varied for percutaneous pericardial drainage for patients with congenital cardiac anatomy compared to those with normal anatomy. Each of these services may be performed with imaging guidance, though it varies by service.

SCAI and ACC distributed surveys for these three codes to two different random respondent pools. One pool of interventional cardiologists received a survey that included pericardiocentesis code 33016 and drainage code 33017. The other pool of pediatric and interventional cardiologists received a survey that included pericardiocentesis code 33016 and pediatric/congenital drainage code 33018.

Rationale

Key reference code 32557 for percutaneous pleural drainage with catheter and imaging was selected by 17 respondents. Respondents who selected this reference code predominantly indicated pediatric/congenital pericardial drainage to be more or much more intense/complex than pleural drainage. Second key reference code 37236 for transcatheter intravascular stent placement was selected by 8 respondents. That service is longer and has a higher value, but a similar intensity to the pleural drainage code. Respondents who selected this reference code again predominantly indicated pericardiostomy to be more or much more intense/complex.

Building on the prior two codes, we believe it is appropriate for the work of pericardial drain placement that typically occurs in an infant or congenital patient to be valued higher than a similar procedure in a normal anatomy adult. However, we recognize that the intraservice times for each of these three codes is an identical 30 minutes and total times are also similar. We note that the pediatric interventionalists who completed the survey for 33018 are from a different pool and did not complete the survey for 33017, nor vice versa. However, we don't think mixing the two groups would have improved the survey as each group is unfamiliar with the other service and we would likely have a performance rate of 0 for both 33017 and 33018. As such, we are taking the unusual step of recommending the survey median for 33018 in order to build a work increment from pericardiocentesis to adult pericardial drainage to pediatric/congenital pericardial drainage. This change is supported by a difference in magnitude estimation, and also the use of general anesthesia in this patient population. **The societies recommend a work RVU of 7.00 with 63 minutes of preservice work from package 4, 30 minutes intraservice time from the survey, and 20 minutes postservice time from package 9B with 13 minutes removed.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33015

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty interventional cardiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert consensus

Specialty cardiology Frequency 250 Percentage 50.00 %

Specialty interventional cardiology Frequency 250 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Pediatric and congenital patients are not commonly Medicare beneficiaries.

Specialty cardiology Frequency 2 Percentage 40.00 %

Specialty interventional cardiology Frequency 3 Percentage 60.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33015

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33019 Tracking Number O4 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **5.00**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **5.00**

CPT Descriptor: Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with a history of lymphoma, mediastinal radiation, and coronary artery bypass presents with an enlarged cardiac silhouette on chest X-ray, tamponade physiology, and a loculated posteriorly located pericardial effusion demonstrated by echocardiography.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient order, clinical history, and relevant prior imaging exams. Confirm appropriateness of imaging guidance and determine appropriate protocol and percutaneous approach. Assess need for contrast administration to assist guidance. Review patient history for contrast allergy, renal insufficiency or other contraindications for receiving contrast as needed. The range of devices that may be required is estimated, and all are ensured to be available for use. Discuss with the patient (and family) the risks due to radiation exposure and use of contrast dye (if needed) relative to other potential imaging modalities. Discuss the equipment being used, the close proximity of the CT gantry and potential for claustrophobia, prolonged immobility and repositioning to ensure optimal imaging for guidance and interpretation. Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment. Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure (i.e. the field must be clear of impediments to table motion for movement into and out of the CT gantry). The physician dresses in radiation safety attire. A surgical "time out" is performed.

Description of Intra-Service Work: Supervise and interpret scout views of area to be imaged to select appropriate field of view. Obtain and interpret preliminary CT images acquired to assess appropriate approach to the target(s), evaluate for unexpected findings, interval changes in target area(s), and adjust patient positioning or protocol as needed. The skin entry site is marked and prepped in sterile fashion. Perform intermittent or continuous CT guidance to direct needle to the pericardial space and reposition as necessary. Confirm satisfactory needle placement in the pericardial fluid collection. Fluid is aspirated and sent for appropriate laboratory analysis (eg. microbiology, chemistry, cell count) as needed.
A guide wire is passed into the collection and repeat imaging performed. The tract is serially dilated to the necessary size. A drainage catheter is advanced into the collection, and imaging (which may involve contrast injection) is performed to verify proper catheter position within the collection. The catheter is secured in place and then connected to a drainage system (eg. suction, gravity).

Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings.

Description of Post-Service Work: Post procedure vital signs are assessed. The results and further management are discussed with the patient and family, as well as the requesting physician as needed. The images are reviewed. Compare to all pertinent available prior studies. Dictate report for medical record. The procedure report and pertinent post procedure orders are reviewed and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD, Daniel Wessell, MD, PhD, Lauren Golding, MD, Curtis Anderson, MD		
Specialty(s):	ACR, SIR		
CPT Code:	33019		
Sample Size:	4950	**Resp N:** 50	**Response:** 1.0 %
Description of Sample:	The ACR surveyed a total of 3752 members (a random sample of 1876 members and a separate random sample of 1876 members who perform muskuloskeletal and interventional radiology procedures). The SIR surveyed a total of 1198 physicians of their membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**3.00**	8.00	300.00
Survey RVW:	3.30	4.29	**5.00**	5.44	10.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	15.00	20.00	**28.00**	30.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	33019	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**28.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49407	000	4.25	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49405	000	4.25	**RUC Time**

CPT Descriptor Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49405	000	4.25	**RUC Time**	6,050

CPT Descriptor 1 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	32,181

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
52441	000	4.50	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 28.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 33019	**Top Key Reference CPT Code:** 49407	**2nd Key Reference CPT Code:** **49405**
Median Pre-Service Time	41.00	35.00	35.00
Median Intra-Service Time	28.00	45.00	40.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**84.00**	**100.00**	**95.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	6%	65%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	12%	82%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	24%	76%
Physical effort required	0%	76%	24%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	14%	64%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	14%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	64%	36%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 33015 *(Tube pericardiostomy)* was identified on the Negative IWPUT screen. This code along with CPT codes 33010 and 33011 were deleted and replaced with four new codes (CPT codes 33016-33019) to describe pericardiocentesis drainage procedures to differentiate by age and to include imaging guidance. The American College of Radiology and Society of Interventional Radiology agreed to survey CPT code 33019 *(Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance)* for the January 2019 RUC meeting.

Survey Process

The ACR surveyed a total of 3752 members (a random sample of 1876 members and a separate random sample of 1876 members who perform interventional radiology procedures). The SIR surveyed a total of 1198 physicians from their membership.

Work RVU Recommendation

The specialties recommend a work RVU of 5.00 for CPT code 33019, which is the survey median value.

Time Recommendation

The specialties recommend 41 minutes of pre-service time using adjustments from pre-service package 2 (Difficult patient, Straightforward procedure). We recommend pre-service evaluation time of 30 minutes, which is 12 minutes more than the standard time of 18 minutes. This increased time is justified by the nature of the procedure and the additional evaluation time required for this subset of patients, who are unable to have a pericardial drainage procedure performed using another imaging modality because of anatomic or congenital complexities.

We recommend a pre-service positioning time of 5 minutes, which is 4 minutes more than the standard. The patients typically require non-standard positioning because of altered anatomy, which necessitated the CT guidance used in this procedure. Additionally, all support lines and tubing must be managed to allow the patient to move into and out of the CT gantry without compromising their support equipment or the guidance during the procedure.

We recommend pre-service scrub, dress, and wait time of 6 minutes, which is the standard for this time package.

We recommend the survey median times for intra-service and post-service work of 28 minutes and 15 minutes, respectively. This represents a decrease of 10 minutes from post-service package 8A.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **49407** *(Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal),* chosen by 34% of respondents, and
- **49405** *(Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous),* chosen by 28% respondents.

Both of the key reference service codes have longer intra-service and total times than the surveyed code; however, the surveyed code 33019 is a more intense procedure that requires both more technical skill and risk compared with the typical patients undergoing CPT codes 49405 and 49407. The patients undergoing 33019 are a difficult subset of patients who are more likely to have altered anatomy (either surgical or congenital) that requires a challenging approach to drain the pericardial fluid, which is why they could not have the fluid drained by fluoroscopy or ultrasound (33018). The codes are summarized in the table below.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	4.00	35	40	20	95	0.071
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	4.25	35	45	20	100	0.069
33019	**Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**	**5.00**	**41**	**28**	**15**	**84**	**0.137**

MPC Codes

The surveyed code 33019 compares well with three other MPC codes, including second most commonly chosen key reference service, 49405 as discussed above.

Both codes 37191 and 52441 have two more minutes of intra-service work compared with the recommendation for 33019; however, both of these codes have slightly lower work RVUs. This value differential is appropriate due to the complexity of patients undergoing 33019 and the technical skill required for this specific procedure, particularly compared with 37191, which is also performed by the physicians who answered this survey. The table below summarizes these relationships.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	4.00	35	40	20	95	0.071
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural	4.46	28	30	15	73	0.119

	roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed						
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	4.50	42	30	21	93	0.113
33019	**Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**	**5.00**	**41**	**28**	**15**	**84**	**0.137**

Summary of Recommendations for CPT Code 33019

The societies recommend 5.00 RVU with service period times of 41, 28, and 15 minutes for CPT code 33019. The survey data, comparisons with the KRS and MPC codes, and relativity in the pericardial drainage family support these recommendations.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
33016	Pericardiocentesis, including imaging guidance, when performed	5.00	25	30	20	75	0.136
33019	**Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**	**5.00**	**41**	**28**	**15**	**84**	**0.137**
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	5.50	25	30	22	77	0.151
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age, or any age with congenital cardiac anomaly	7.00	56	30	20	106	0.183

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33010

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 17220
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 33010 is estimated to be provided 17,220 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 541 Percentage 3.14 %

Specialty Interventional Radiology Frequency 129 Percentage 0.74 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,740
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 33010 is estimated to be provided 5,740 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 180 Percentage 3.13 %

Specialty Interventional Radiology Frequency 43 Percentage 0.74 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33010

SS Rec Summary

ISSUE: Pericardiocentesis and Pericardial Drainage

TAB: 4

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	33	0.079			3.12			67	13	3	6			30			15																
2nd REF	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical	14	0.083			8.75			151	23	3	5			90			30																
CURRENT	33010	Pericardiocentesis; initial		0.044			1.99			75	9		15			24			27																
CURRENT	33011	Pericardiocentesis; subsequent		0.045			1.99			78	9		25			26			18																
CURRENT	33015	Tube pericardiostomy		-0.148			8.52			385	24	18	25			38			22	1.5				4	1.0			1.5							
CURRENT	76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation		0.013			0.67			42	7					30			5																
SVY	33016	Pericardiocentesis, including imaging guidance, when performed	97	0.143	1.00	5.00	6.00	7.85	20.00	113	42	11	10	5	20	30	40	60	20												0	3	5	10	25
REC	33016	Pericardiocentesis, including imaging guidance, when performed		0.136			5.00			75	18	1	6			30			20																
MPC	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		0.119			4.46			73	20	3	5			30			15																
MPC	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated		0.097			5.30			94	20	4	10			45			15																

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	17	0.083			8.75			151	23	3	5			90			30																
2nd REF	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	11	0.079			3.12			67	13	3	6			30			15																
CURRENT	33010	Pericardiocentesis; initial		0.044			1.99			75	9		15			24			27																
CURRENT	33011	Pericardiocentesis; subsequent		0.045			1.99			78	9		25			26			18																
CURRENT	33015	Tube pericardiostomy		-0.148			8.52			385	24	18	25			38			22	1.5				4	1.0			1.5							
CURRENT	76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation		0.013			0.67			42	7					30			5																
SVY	33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	50	0.187	1.00	5.50	7.50	8.69	30.00	121	45	14	10	15	25	30	45	120	22												0	4	7	10	25
REC	33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly		0.151			5.50			77	18	1	6			30			22																
MPC	37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed		0.119			4.46			73	20	3	5			30			15																
MPC	36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated		0.097			5.30			94	20	4	10			45			15																

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	17	0.079			3.12			67	13	3	6			30			15																
2nd REF	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	8	0.083			8.75			151	23	3	5			90			30																
CURRENT	33010	Pericardiocentesis; initial		0.044			1.99			75	9		15			24			27																
CURRENT	33011	Pericardiocentesis; subsequent		0.045			1.99			78	9		25			26			18																
CURRENT	33015	Tube pericardiostomy		-0.148			8.52			385	24	18	25			38			22	1.5				4	1.0			1.5							
CURRENT	76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation		0.013			0.67			42	7					30			5																
SVY	33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age, or any age with congenital cardiac anomaly	41	0.178	3.00	5.00	7.00	8.20	14.75	113	40	10	13	10	21	30	45	80	20												0	0	3	6	20
REC	33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age, or any age with congenital cardiac anomaly		0.149			6.00			106	40	3	13			30			20																

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	17	0.069			4.25			100	25	5	5			45			20																
2nd REF	49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	14	0.071			4.00			95	25	5	5			40			20																
CURRENT	33010	Pericardiocentesis; initial		0.044			1.99			75	9		15			24			27																
CURRENT	33011	Pericardiocentesis; subsequent		0.045			1.99			78	9		25			26			18																
CURRENT	33015	Tube pericardiostomy		-0.148			8.52			385	24	18	25			38			22	1.5				4	1.0			1.5							
CURRENT	76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation		0.013			0.67			42	7					30			5																
SVY	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	50	0.132	3.30	4.29	5.00	5.44	10.00	93	30	10	10	15	20	28	30	60	15												0	1	3	8	300
SVY - ACR	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	35	0.135	3.30	4.25	4.50	5.13	6.25	78	25	8	5	15	16	25	30	60	15												0	0	1	3	80
SVY - Subset	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	28	0.136	3.50	4.25	4.50	5.12	6.25	78	25	7	6	15	15	25	30	40	15												0	0	1	3	80
SVY - Random	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	7	0.119	3.30	4.28	4.50	5.22	6.25	83	25	10	5	15	23	28	30	60	15												0	1	3	5	6
SVY - SIR	33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	15	0.120	4.10	5.00	5.40	6.00	10.00	120	40	15	15	20	30	30	43	60	20												0	5	25	56	300
REC		Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance		0.137			5.00			84	30	5	6			28			15																

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Iliac Branched Endograft Placement – Tab 5

For *CPT 2018*, the CPT Editorial Panel created a family of 20 new and revised codes that redefined coding for endovascular repair of the aorta and iliac arteries. A large part of this proposal involved bundling of services commonly performed together including catheter placement and radiologic supervision and interpretation. One part of this involved revising a Category III CPT code for the repair of an iliac artery aneurysm with an experimental iliac branched endograft (IBE) device. A separate Category III code for the supervision and interpretation was deleted as this service was bundled into the base code. Although there was one FDA-approved device available on the US market in January 2017 when the original endovascular repair (EVR) presentation was made to the CPT Editorial Panel, there was insufficient literature to support conversion of the Category III code to a Category I CPT code at that time.

Over the ensuing two years, the new endovascular repair codes have been adopted and the RUC recommendations have been confirmed by CMS. The iliac branched endograft technology has become more mainstream and the literature requirement for conversion to a CPT Category I code has been met. Two new Category I CPT codes were created to capture the work of iliac artery endovascular repair with an iliac branched endograft. Code 34717 is a ZZZ add-on code designed to be reported in conjunction with the standard endovascular repair codes for repair of an iliac artery at the same session as repair of an aortic aneurysm. Code 34718 is a 090-day global code that describes all the physician work to repair an iliac artery with an iliac branched endograft, either after previous placement of an endograft in the aorta more proximally or for the isolated repair of an iliac aneurysm.

34717 ***Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 67 vascular surgeons and interventional radiologists and agreed on the following physician time components: 25 minutes of pre-service evaluation (all of which is for endograft planning time) and 90 minutes of intra-service time. The RUC noted that although this add-on service would be performed at the same time as an endovascular repair of an aortic pathology which also includes endovascular pre-service planning, the additional work necessary to plan for the iliac branched device repair requires additional time in order to review the aneurysm anatomy on CT angiogram, confirm the suitability of the anatomy for endovascular repair, make a large number of aortic diameter and center-line length measurements, review available endograft sizes and develop an operative plan that will successfully treat the pathology. The pre-service endograft planning is provided after evaluation in the office, but more than 24 hours prior to the procedure. The specialty society modified the survey instrument to add an additional question to capture time spent planning for endovascular repair. The

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specialties noted that this is consistent with the code descriptors which include the phrase "including pre-procedure sizing and device selection." This is also consistent with how the RUC and CMS valued the endovascular repair family of services for CY 2018.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the work involved in performing this service at the 25th percentile work RVU of 9.00. To justify a work RVU of 9.00, the RUC compared the survey code to CPT code 22858 *Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)* (work RVU= 8.40, intra-service time of 75 minutes) and noted that the survey code involves more time and physician work to complete, justifying a higher work value. The RUC also compared the survey code to CPT code 35306 *Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)* (work RVU= 9.25, intra-service and total time of 90 minutes) and noted that both services have identical intra-service time and should be valued similarly. The specialty noted that if this code was not created, when endovascular repair of the iliac artery was performed at the same time of aorto-iliac endograft placement, then the multiple procedure reduction would reduce the value by half, or 12.00 RVUs which is more RVUs than the value recommended for this add-on code. **The RUC recommends a work RVU of 9.00 for CPT code 34717.**

34718 ***Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral***
The RUC reviewed the survey results from 68 vascular surgeons and interventional radiologists and agreed on the following physician time components: 110 minutes of pre-service evaluation time (60 minutes of the pre-service evaluation time is for endograft planning time), 20 minutes for pre-service positioning time, 20 minutes for pre-service scrub/dress/wait, 120 minutes for intra-service time, 35 minutes for immediate post-time, 1 99233 visit, 1 99232 visit, 1 99238 discharge visit, 1 99213 office visit and 1 99212 office visit. The RUC noted that the additional pre-service work necessary to plan for the iliac branched device repair requires a substantial amount of planning time to review the aneurysm anatomy on CT angiogram, confirm the suitability of the anatomy for endovascular repair, make a large number of aortic diameter and center-line length measurements, review available endograft sizes and develop an operative plan that will successfully treat the pathology at hand. The endograft planning portion of pre-service evaluation time is provided after evaluation in the office, but more than 24 hours prior to the procedure. Therefore, prior to conducting their surveys, the multispecialty panel received approval to add an additional question to the RUC survey to capture time spent planning for EVAR. The specialties noted that this is consistent with the code descriptors which include the phrase "including pre-procedure sizing and device selection." This is also consistent with how the RUC and CMS valued the EVAR family of services for CY 2018.

The RUC agreed with the specialties that pre-service package 4 was appropriate for EVR procedures with adjustment to the times for addition of endovascular repair planning time. The specialties noted and the RUC agreed that the recommended pre-service times appropriately captured the additional work the day before and the day of the procedure to ensure that all necessary supplies are available for the operation, to ensure that the radiologic equipment is operational and prepared for the procedure, and to re-review the extensive anatomic imaging prior to performing the

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procedure. An additional 17 minutes of positioning time has been added to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the work involved in performing this service, at the 25th percentile work RVU of 24.00. To justify a work RVU of 24.00, the RUC compared the survey code to top key reference code 34701 *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU=23.71, intra-service time of 120 minutes and total time of 482 minutes) and noted that both services have identical intra-service time, involve similar pre-service and post-service time and the same number and level of post-operative visits. The specialty noted and the RUC agreed that the key reference code involves utilizing straight tubes, whereas the survey code involves bifurcated branches, which makes 34718 more complex and intense to perform. Of the survey respondents that selected CPT code 34701 as their reference code, 90% indicated that the survey code is more intense and complex to perform. **The RUC recommends a work RVU of 24.00 for CPT code 34718.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society as they are consistent with standard inputs for 90 day global services.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Arteries and Veins** **Endovascular Repair of Abdominal Aorta and/or Iliac Arteries** *Codes 34701, 34702…* <u>Add-on code 34717 is reported at the time of aorto-iliac artery endograft placement (34703, 34704, 34705, 34706) for deployment of a bifurcated endograft in the common iliac artery with extension(s) into both the internal iliac and external iliac arteries, when performed, to maintain perfusion in both vessels for treatment of iliac artery pathology (with or without rupture), such as aneurysm, pseudoaneurysm, dissection, penetrating ulcer, arteriovenous malformation or traumatic disruption. The iliac branched endograft is a multi-piece system consisting of a bifurcated device that is placed in the common iliac artery and then additional extension(s) are placed into both the internal iliac artery and external iliac/common femoral arteries as needed, as well as a proximal extension that overlaps with an aorto-iliac endograft, when</u>				

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performed. All additional extensions proximally into the common iliac artery or distally into the external iliac and/or common femoral arteries are inherent to these codes.

Report 34705 or…

For isolated bilateral iliac artery repair using iliac artery tube endografts, report 34707 or 34708 with modifier 50 appended.

Decompressive laparotomy for…

The treatment zone for endograft procedures is defined by those vessels that contain an endograft(s) (main body, docking limb[s], and/or extension[s]) deployed during that operative session. Adjunctive procedures outside the treatment zone may be separately reported (eg, angioplasty, endovascular stent placement, embolization). For example, when an endograft terminates in the common iliac artery, any additional treatment performed in the external and/or internal iliac artery may be separately reportable. Placement of a docking limb is inherent to a modular endograft(s), and, therefore, 34709 may not be reported separately if the docking limb extends into the external iliac artery. In addition, any interventions (eg, angioplasty, stenting, additional stent graft extension[s]) in the external iliac artery where the docking limb terminates may not be reported separately. Any catheterization or treatment of the internal iliac artery, such as embolization, may be separately reported. For 34701 and 34702, the abdominal aortic treatment zone is defined as the infrarenal aorta. For 34703 and 34704, the abdominal aortic treatment zone is typically defined as the infrarenal aorta and ipsilateral common iliac artery. For 34705 and 34706, the abdominal aortic treatment zone is typically defined as the infrarenal aorta and both common iliac arteries. For 34707, ~~and~~ 34708, 34717, and 34718, the treatment zone is defined as the portion of the iliac artery(ies) (eg, common, internal, external iliac arteries) that contains the endograft. ~~For a bifurcated iliac branch device, use 0254T.~~

Codes 34702, 34704…

Code 34709 is…

Codes 34710, 34711…

If an aorto-iliac artery endograft (34703, 34704, 34705, 34706) is not being placed during the same operative session, 34718 may be reported for placement of a bifurcated endograft in the common iliac artery with extension(s) into both the internal iliac and external iliac arteries, to maintain perfusion in both vessels for treatment of iliac artery pathology (without rupture), such as aneurysm, pseudoaneurysm, dissection, arteriovenous malformation. The iliac branched endograft is a multi-piece system consisting of a bifurcated device that is placed in the common iliac artery and then additional extension(s) are placed into both the internal iliac artery and external iliac/common femoral arteries as needed as well as a proximal extension that overlaps with an aorto-iliac endograft, when performed. All additional extensions placed proximally into the common iliac artery or distally into the external iliac and/or common femoral arteries are inherent to these codes. For isolated bilateral iliac artery repair using iliac artery branched endografts, use 34718 with modifier 50 appended.

Codes 34709, 34710, 34711 may not be separately reported with 34717, 34718 for ipsilateral extension prosthesis(es). However, 34709, 34710, 34711 may be reported separately for extension prosthesis(es) in the iliac/femoral arteries contralateral to the iliac branched endograft.

Nonselective catheterization is…

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Selective arterial catheterization of the internal and external iliac arteries (eg, 36245, 36246, 36247, 36248) ipsilateral to an iliac branched endograft is included in 34717, 34718 and not separately reportable. However, selective catheterization of the renal artery(s), the contralateral hypogastric artery, and/or arterial families outside the treatment zone of the graft may be separately reported. Intravascular ultrasound (37252, 37253) performed during endovascular aneurysm repair may be separately reported. Balloon angioplasty within the target treatment zone of the endograft, either before or after endograft deployment, is not separately reportable. Fluoroscopic guidance and radiological supervision and interpretation in conjunction with endovascular iliac branched repair is not separately reportable and includes all intraprocedural imaging (eg, angiography, rotational CT) of the aorta and its branches prior to deployment of the endovascular device, fluoroscopic guidance in the delivery of the endovascular components, and intraprocedural arterial angiography (eg, confirm position, detect endoleak, evaluate runoff) performed at the time of the endovascular aorto-iliac repair).

Codes 34709, 34710…

Code 34712 describes…

Vascular access requiring...

Code 34812 describes…

Balloon angioplasty and/or…

34707 *Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)*

(For covered stent placement[s] for atherosclerotic occlusive disease of the abdominal aorta, see 37236, 37237)

(For covered stent placement[s] for atherosclerotic occlusive disease of the iliac artery, see 37221, 37223)

34708 *for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)*

(For endovascular repair of iliac artery by deployment of an iliac branched endograft, see 34717, 34718)

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✚●34717	P1	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure) (Use 34717 in conjunction with 34703, 34704, 34705, 34706) (34717 may only be reported once per side. For bilateral procedure, report 34717 twice) (Do not report 34717 in conjunction with 34709 on the same side) (Do not report 34717 in conjunction with 34710, 34711) (For placement of an iliac branched endograft at a separate setting than aorto-iliac endograft placement, use 34718)	ZZZ	9.00
✚*34709*	*Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)* *(Use 34709 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708)* *(34709 may only be reported once per vessel treated [ie, multiple endograft extensions placed in a single vessel may only be reported once])* *(Do not report 34709 for placement of a docking limb that extends into the external iliac artery)* (For placement of an iliac branched endograft, see 34717, 34718) *(For endograft placement into a renal artery that is being covered by a proximal extension, see 37236, 37237)*			

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●34718	P2	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral (For bilateral placement of an iliac branched endograft, report modifier 50) (Do not report 34718 in conjunction with 34717) (Do not report 34718 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709) (Do not report 34718 in conjunction with 34710, 34711 on the same side) (For placement of an iliac branched endograft in the same setting as aorto-iliac endograft placement, use 34717) (For placement of an isolated iliac branched endograft for rupture, use 37799)	090	24.00
34710	*Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated*			
✚*34711*	*each additional vessel treated (List separately in addition to code for primary procedure)* *(Use 34711 in conjunction with 34710)* *(34710, 34711 may each be reported only once per operative session [ie, multiple endograft extensions placed in a single vessel may only be reported with a single code])* *(For decompressive laparotomy, use 49000 in conjunction with 34702, 34704, 34706, 34708, 34710)*			

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	(If the delayed revision is a transcatheter enhanced fixation device [eg, anchors, screws], report 34712)
	(Do not report 34710, 34711 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709)
	(Do not report 34710, 34711 in conjunction with 34718 on the same side)
	(Do not report 34701-34711 in conjunction with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)
	(For endovascular repair of iliac artery bifurcation [eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma] using bifurcated endograft, ~~use~~ see 34717, 3471802~~54T~~)
	(Report 37252, 37253 for intravascular ultrasound when performed during endovascular aneurysm repair)
	(For isolated bilateral iliac artery repair using iliac artery tube endografts, report 34707 or 34708 with modifier 50)
	(For open arterial exposure, report 34714, 34715, 34716, 34812, 34820, 34833, 34834 as appropriate, in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718)
	(For percutaneous arterial closure, report 34713 as appropriate, in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718)
	(For simultaneous bilateral iliac artery aneurysm repairs with aorto-biiliac endograft, see 34705, 34706, as appropriate)
34712	*Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation*
	(Report 34712 only once per operative session)
✚*34713*	*Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)*
	(Use 34713 in conjunction with 33880, 33881, 33883, 33884, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, *34710*, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 as appropriate. ~~*However, do*~~*Do* not report 34713 in conjunction with 33880, 33881, 33883, 33884, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, *34710*, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, for percutaneous closure of femoral artery after delivery of endovascular prosthesis if a sheath smaller than 12 French was used)
	(34713 may only be reported once per side. For bilateral procedure, report 34713 twice)
	(Do not report ultrasound guidance [ie, 76937] for percutaneous vascular access in conjunction with 34713 for the same access)
	(Do not report 34713 for percutaneous access and closure of the femoral artery in conjunction with 37221, 37223, 37236, 37237)

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(Do not report 34713 in conjunction with 37221, 37223 for covered stent placement[s] for atherosclerotic occlusive disease of the iliac artery[ies])

#+34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure*)

(Use 34812 in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 34718~~0254T~~)

(34812 may only be reported once per side. For bilateral procedure, report 34812 twice)

(Do not report 34812 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984, 33987)

+34714 *Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)*

(Use 34714 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-33417, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, ~~*33860,*~~ *338XX, 338X1,* 33863, 33864, ~~*33870,*~~ *338X2,* 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, ~~0254T~~)

(34714 may only be reported once per side. For bilateral procedure, report 34714 twice)

(Do not report 34714 in conjunction with 33362, 33953, 33954, 33959, 33962, 33969, 33984, 34812 when performed on the same side)

#+34820 *Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)*

(Use 34820 in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, ~~0254T~~)

(34820 may only be reported once per side. For bilateral procedure, report 34820 twice)

(Do not report 34820 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)

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# ✚34833	*Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)* (Use 34833 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-33417, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702, 33710, 33720, 33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, ~~*33860*~~, *338XX*, *338X1*, 33863, 33864, ~~*33870*~~, *338X2*, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, ~~0254T~~) *(34833 may only be reported once per side. For bilateral procedure, report 34833 twice)* *(Do not report 34833 in conjunction with 33364, 33953, 33954, 33959, 33962, 33969, 33984, 34820 when performed on the same side)*
# ✚34834	*Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)* (Use 34834 in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, ~~0254T~~) *(34834 may only be reported once per side. For bilateral procedure, report 34834 twice)* *(Do not report 34834 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)*
✚34715	*Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)* (Use 34715 in conjunction with 33880, 33881, 33883, 33884, 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, ~~0254T~~) *(34715 may only be reported once per side. For bilateral procedure, report 34715 twice)* *(Do not report 34715 in conjunction with 33363, 33953, 33954, 33959, 33962, 33969, 33984, 0451T, 0452T, 0455T, 0456T)*
✚34716	*Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*

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(Use 34716 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259-33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404-33417, 33422, 33425, 33426, 33427, 33430, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702-33722, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, ~~*33860*~~, *338XX*, *338X1*, 33863, 33864, ~~*33870*~~, *338X2*, 33875, 33877, 33880, 33881, 33883, 33884, 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, ~~0254T~~)

(34716 may only be reported once per side. For bilateral procedure, report 34716 twice)

(Do not report 34716 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984, 0451T, 0452T, 0455T, 0456T)

(34800, 34802, 34803, 34804, 34805, 34806 have been deleted. To report, see 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708)

✚*34808* *Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)*

(Use 34808 in conjunction with 34701, 34702, 34703, 34704, 34707, 34708, 34709, 34710, 34813, 34841, 34842, 34843, 34844)

Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta

34845 *Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)*

34848 *including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])*

(Do not report 34845, 34846, 34847, 34848 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34841, 34842, 34843, 34844, 35081, 35102)

(Do not report 34845, 34846, 34847, 34848 in conjunction with 34839, when planning services are performed on the day before or the day of the fenestrated endovascular repair procedure)

(Do not report 34841-34848 in conjunction with 37236, 37237 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For placement of distal extension prosthesis[es] terminating in the internal iliac, external iliac, or common femoral artery[s], see 34709, 34710, 34711, 34718~~0254T~~)

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	(Use 34845, 34846, 34847, 34848 in conjunction with 37220, 37221, 37222, 37223, only when 37220, 37221, 37222, 37223 are performed outside the target treatment zone of the endoprosthesis)
Endovascular Revascularization (Open or Percutaneous, Transcatheter)	
37220	*Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*
37221	*with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*
	(Use 37220, 37221 in conjunction with 34701-34711, 34718, 34845, 34846, 34847, 34848~~, 0254T~~ only when 37220 or 37221 are performed outside the treatment zone of the endograft)
+37222	*Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*
	(Use 37222 in conjunction with 37220, 37221)
+37223	*with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*
	(Use 37223 in conjunction with 37221)
	(Use 37222, 37223 in conjunction with 34701-34711, 34718, 34845, 34846, 34847, 34848~~, 0254T~~ only when 37222 or 37223 are performed outside the treatment zone of the endograft)
Intravascular Ultrasound Services	
+37252	*Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)*
+37253	*each additional noncoronary vessel (List separately in addition to code for primary procedure)*
	(Use 37253 in conjunction with 37252)
	(Report 37252, 37253 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33477, 33880, 33881, 33883, 33884, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 36010, 36011, 36012, 36013, 36014, 36015, 36100, 36140, 36160, 36200, 36215, 36216, 36217, 36218, 36221, 36222, 36223, 36224, 36225, 36226, 36227, 36228, 36245, 36246, 36247, 36248, 36251, 36252, 36253, 36254, 36481, 36555-36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 36595, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, 37184, 37185, 37186, 37187, 37188, 37200, 37211, 37212, 37213, 37214, 37215, 37216, 37218, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37236, 37237, 37238, 37239, 37241, 37242, 37243, 37244, 37246, 37247, 37248, 37249, 61623, 75600, 75605,

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		75625, 75630, 75635, 75705, 75710, 75716, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75774, 75805, 75807, 75810, 75820, 75822, 75825, 75827, 75831, 75833, 75860, 75870, 75872, 75885, 75887, 75889, 75891, 75893, 75894, 75898, 75901, 75902, 75956, 75957, 75958, 75959, 75970, 76000, 77001, 0075T, 0076T, 0234T, 0235T, 0236T, 0237T, 0238T, ~~0254T,~~ 0338T) *(Do not report 37252, 37253 in conjunction with 37191, 37192, 37193, 37197)*		
Radiology **Diagnostic Radiology (Diagnostic Imaging)** **Vascular Procedures** **Transcatheter Procedures**				
75902		*Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation* *(For procedure, use 36596)* *(For venous catheterization, see 36010-36012)* (75952, 75953, 75954 have been deleted. To report, see 34701-34711, 34718~~0254T~~)		
Category III Codes				
~~**D**0254T~~	-	~~Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selective and/or nonselective catheterization(s) required for device placement and all associated radiological supervision and interpretation, unilateral~~ ~~Sunset January 2021~~ (0254T has been deleted. To report, see 34717, 34718) (0255T has been deleted. To report, see ~~use 0254T~~34717, 34718)	YYY	N/A (2019 work RVU = 0.00)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:34717 Tracking Number P1 Original Specialty Recommended RVU: **10.50**
Presented Recommended RVU: **10.50**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **9.00**

CPT Descriptor: Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular repair with an aorto-iliac artery endograft, a 75-year-old male with coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), and asymptomatic infrarenal abdominal aortic and right common iliac artery aneurysms undergoes endovascular repair of the iliac artery with an iliac branched endograft. [Note: This is an add-on service. Only consider the additional work related to endovascular repair of the iliac artery with an iliac branched endograft].

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery. However, it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is a primary determinant of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where 3D software is used, permitting iterative modeling of a virtual device within the aorta in multiplanar views and center line of flow analysis. The physician manually adjusts the modeling for altered anatomy, which is tortuous or thrombus laden. Orthogonal centerline imaging is used to determine diameter measurements of the aorta, internal, external iliac and femoral arteries for appropriate sizing of the main body endograft and limbs with extensions or branches. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence, and stenosis require consideration as they may affect device delivery. Cross section, longitudinal, and centerline of flow measurements, with manual adjustments where needed, are used to map the distances between the proximal landing zone and the distal seal zones in the internal iliac and external iliac and/or common femoral artery, depending on the extent and involvement of the iliac aneurysmal disease. A stretched/straightened view permits manual validation of the computer-generated lengths.

Description of Intra-Service Work: The iliac branch endograft, catheters, and introducer sheaths are brought onto the operating table after verification of appropriate diameters and lengths once EVR has been performed. The patient remains systemically anticoagulated. The entry wire(s) is used to enter the pre existing sheath under fluoroscopic guidance. A multi-sidehole catheter is placed and flush aorto-iliac angiography is performed with interpretation. A bifurcated iliac branch device is inserted into the common iliac limb after orientation to the internal iliac position. Selective wire access with catheter insertion into the internal iliac artery from a contralateral approach and through the iliac branch device which has been partially deployed. An internal iliac endoprosthesis is then placed through the iliac branch bifurcated graft and mated to it above and into the main internal iliac artery below. The iliac branch device is then deployed into the external iliac artery. The external iliac artery endoprosthesis is then deployed to mate with the bifurcated device and into the distal external iliac or femoral artery. A large compliant balloon is placed over the wire into the iliac endograft(s) to perform balloon dilation at the proximal and distal seal zones of the endograft.

An aortogram is performed (not separately reportable) and immediately interpreted for adequacy of the graft position, patency of appropriate branches (internal iliac, external iliac), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar, internal iliac) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary.

When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Matthew Sideman, MD and Curtis Anderson, MD		
Specialty Society(ies):	SVS and SIR		
CPT Code:	34717		
Sample Size:	2150	**Resp N:** 67	**Response:** 3.1 %
Description of Sample:	random membership database sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	5.00	10.00
Survey RVW:	6.50	9.00	**10.50**	14.75	24.00
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	60.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	34717	**Recommended Physician Work RVU: 9.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**0.00**	**25.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34709	ZZZ	6.50	**RUC Time**

CPT Descriptor Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33884	ZZZ	8.20	**RUC Time**

CPT Descriptor Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	9561

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 40.2 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 28.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 34717	**Top Key Reference CPT Code:** 34709	**2nd Key Reference CPT Code:** **33884**
Median Pre-Service Time	25.00	0.00	0.00
Median Intra-Service Time	90.00	60.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**115.00**	**60.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	7%	48%	44%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	19%	81%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	11%	89%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	26%	74%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	5%	58%	37%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	16%	84%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	5%	95%
Physical effort required	0%	37%	63%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	11%	84%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two years ago the RUC valued a family of 20 new and revised codes that redefined coding for Endovascular Repair of the aorta and iliac arteries. Collaborators from SVS, SIR, ACS, STS, AATS, ACC, and SCAI worked for over one year to create the CPT proposal that radically changed the way the work of EVR was coded. A large part of this proposal involved bundling of services commonly performed together including catheter placement and radiologic supervision and interpretation. Another small part of the proposal revised a Category III CPT code for the repair of an iliac artery aneurysm with an experimental iliac branched endograft (IBE) device. A separate Category III code for the supervision and interpretation was deleted as this service was bundled into the base code. Although there was one FDA approved device available on the US market in January 2017 when the original EVR presentation was made to the RUC, there was insufficient literature to support conversion of the Category III code to a Category I CPT code at that time.

Over the ensuing 2 years, the new EVR codes have been adopted and the RUC recommendations have been confirmed by CMS. The IBE technology has become more mainstream and the literature requirement for conversion to Cat I has been met. Two new Category I CPT codes were created to capture the work of iliac artery endovascular repair with an iliac branched endograft. Code 34717 is a ZZZ add-on code designed to be reported in conjunction with the standard EVR codes for repair of an iliac artery at the same session as repair of an aortic aneurysm. Code 34718 is a stand alone 090 day global code that describes all of the work to repair an iliac artery with an iliac branched endograft, either after previous placement of an endograft in the aorta more proximally or for the isolated repair of an iliac aneurysm.

Survey Methodology

A multi-disciplinary workgroup included SVS and SIR. Approval to modify the survey instrument was obtained from the Research Subcommittee. Links to the surveys were distributed randomly to the members of the representative societies. The results were reviewed by the multi-specialty expert panel and the following recommendations are submitted for the codes.

Pre-Service Time

There is significant pre-service time and work that goes into providing these procedures to review the aneurysm anatomy on CT angiogram, confirm the suitability of the anatomy for EVR, make a large number of aortic diameter and center-line length measurements, review available endograft sizes and develop an operative plan that will successfully treat the pathology at hand. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure. We therefore received approval from the Research Subcommittee to add an additional question to the survey to capture time spent planning for EVR. This is consistent with the code descriptors that include the phrase "including pre-procedure sizing and device selection." This is also consistent with CMS' request to include this work as bundled in the main procedure. The requested modifications to the survey were the same modifications that were made to the EVR surveys for January 2017 and were approved by the Research Subcommittee.

Although CPT code +34717 is a ZZZ add-on code, the survey respondents reported significant additional planning time for the added complexity of an iliac branched device repair done at the same time as an EVR of an aortic pathology. An average of 50 minutes of planning time was reported by the surveyees. The expert panel had a very robust discussion about this planning time. While all agreed that there was additional significant work required to plan for the successful placement of an iliac branched device, the consensus was that there was likely duplicative work in the planning for the iliac branch and for the aortic endograft that was not accounted for by the survey respondents. We therefore recommend adding one half of the reported 50 minutes of additional planning time (25 minutes) as pre-service work.

Comparison with Key Reference Services

The most commonly chosen KRS for +34717 were

+34709 *(Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure))* with 40% and

+33884 (*Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)* with an addition 28% of survey respondents choosing this code.

Both are ZZZ add-on codes used in endovascular aneurysm repairs and are therefore similar to +34717; however, both utilize straight tubes, not bifurcating branches, and are thus significantly less complex / intense.

	RVW	IWPUT	Total Time	Pre	INTRA	Post
+34709 KRS	6.50	0.108	60	0	60	0
+33884 KRS	8.20	0.137	60	0	60	0
+34717	**10.50**	**0.110**	**110**	**25**	**90**	**0**

Comparison to MPC codes

MPC 36476 *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*

***There are no existing MPC codes to bracket on the upper side of this ZZZ surgical procedure**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
36476	**2.65**	**0.088**	**30**				**30**			
+34717	10.50	0.110	110	25			90			

Summary

Based on the factors outlined above, the specialties recommend a work vale of 10.50, with a total time of 110 minutes (25 eval and 90 intra) for this new add-on CPT Code 34717. This value aligns well within the EVR family, reference codes and within the fee schedule.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 34717 in conjunction with 34703, 34704, 34705, 34706)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0254T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,250
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Source: MedPAR, claims used for IPPS rate calibration (IPPS discharges plus Maryland less statistical outliers). Medicare FY 2017 (Oct.1, 2016 - Sep. 30, 2017) Additional Notes: Effective October 1, 2016, the IBE device was assigned a New Technology Add-on Payment (NTAP) status by CMS. Associated ICD-10-PCS codes were created as a requirement of the NTAP and also effective Oct. 1, 2016. Utilizing the ICD-10-PCS codes associated with the use of IBE, the number of times each code was reported, by Medicare FY Quarter, has been assessed. Total cases shown = 600. There were 399 additional discharges identified with fewer than 10 cases. However, data for facilities with less than 10 discharges cannot be accessed (MedPAR limitation).

Specialty vascular surgery Frequency 1125 Percentage 90.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Aneurysm repair

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 0254T

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:34718 Tracking Number P2 Original Specialty Recommended RVU: **24.00**
Presented Recommended RVU: **24.00**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **24.00**

CPT Descriptor: Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male with coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD) who had previously undergone endovascular repair with placement of an aorto-iliac artery endograft now presents with a new right common iliac aneurysm. Endovascular repair with an iliac branched endograft is performed to preserve flow into his pelvis and right leg.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 22% , Overnight stay-more than 24 hours 78%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 53%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery. However, it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is a primary determinant of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where 3D software is used, permitting iterative modeling of a virtual device within the aorta in multiplanar views and center line of flow analysis. The physician manually adjusts the modeling for altered anatomy, which is tortuous or thrombus laden. Orthogonal centerline imaging is used to determine diameter measurements of the aorta and iliac and femoral arteries for appropriate sizing of the limbs with extensions. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence, and stenosis require consideration as they may affect device delivery. Cross section, longitudinal, and centerline of flow measurements, with manual adjustments where needed, are used to map the distances between the proximal landing zone and the distal seal zones in the internal iliac and external iliac and/or common femoral artery, depending on the extent and involvement of the iliac aneurysmal disease. A stretched/straightened view permits manual validation of the computer-generated lengths.

Preservice work necessarily includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer

sheaths are brought into the OR after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine, and activated coagulation time testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for easy viewing during the operative procedure. The surgeon supervises appropriate patient positioning on the OR table and ensures that fluoroscopy is functional and that desired imaging angles are attainable with the available equipment. The surgeon changes into radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: The endograft, catheters, and introducer sheaths are brought onto the operating table after verification of appropriate diameters and lengths. The patient is systemically anticoagulated. The entry wire(s) is used to enter the introducer needle under fluoroscopic guidance. The sheaths are placed in the access vessels. A multi-sidehole catheter is placed and flush aorto-iliac angiography is performed with interpretation. A bifurcated iliac branch device is inserted into the common iliac limb after orientation to the internal iliac position. Selective wire access with catheter insertion into the internal iliac artery from a contralateral approach and through the iliac branch device which has been partially deployed. An internal iliac endoprosthesis is then placed through the iliac branch bifurcated graft and mated to it above and into the main internal iliac artery below. The iliac branch device is then deployed into the external iliac artery. The external iliac artery endoprosthesis is then deployed to mate with the bifurcated device and into the distal external iliac or femoral artery. A large compliant balloon is placed over the wire into the iliac endograft(s) to perform balloon dilation at the proximal and distal seal zones of the endograft.

An aortogram is performed (not separately reportable) and immediately interpreted for adequacy of the graft position, patency of appropriate branches (internal iliac, external iliac), presence or absence of endoleaks, and type of endoleak if present. The patency of collateral vessels (lumbar, internal iliac) that may contribute to persistent endoleaks is also assessed. Adjunctive balloon angioplasty is performed for endoleak treatment, as necessary.

When the graft is in appropriate position and free of endoleak on angiogram, the catheters and guidewires are removed.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit, and adequate perfusion to the lower extremities is ensured. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. An operative report is dictated, and a copy is sent to the referring physician. Postoperative imaging is reviewed. History-taking for any complaints of pain or neurovascular compromise is performed at postoperative in-hospital visits. Exam requires close monitoring for abdominal or lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are performed as is neurologic evaluation for any signs of spinal cord ischemia. Lower extremities are checked for emboli. Hemoglobin and coagulation laboratory results are monitored daily. The need for routine or advanced imaging is assessed daily. Postoperative CT scans are obtained, either during the inpatient stay or early in the postdischarge time period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, an interval history is solicited for ongoing or new symptoms; the abdomen is examined for tenderness; arterial access sites and surgical incisions are examined for inflammation, drainage, and wound infection; and lower extremities are examined for adequate perfusion. Diagnostic blood tests and/or imaging studies are ordered based on findings. Postoperative CT scans and ultrasounds are reviewed for possible endoleak. Clinical decisions are made regarding the need for repeat surgical intervention. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary.

Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Matthew Sideman, MD and Curtis Anderson, MD		
Specialty Society(ies):	SVS and SIR		
CPT Code:	34718		
Sample Size:	2150	**Resp N:** 68	**Response:** 3.1 %
Description of Sample:	random membership database sample		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	12.00
Survey RVW:	18.09	24.00	**25.00**	26.40	35.00
Pre-Service Evaluation Time:			**115.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	60.00	90.00	**120.00**	150.00	360.00

Immediate Post Service-Time:	**35.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	34718	**Recommended Physician Work RVU: 24.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**110.00**	**40.00**	**70.00**
Pre-Service Positioning Time:		**20.00**	**3.00**	**17.00**
Pre-Service Scrub, Dress, Wait Time:		**20.00**	**20.00**	**0.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**35.00**	**33.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34701	090	23.71	**RUC Time**

CPT Descriptor Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34707	090	22.28	**RUC Time**

CPT Descriptor Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	40,593

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33863	090	58.79	**RUC Time**	1,825

CPT Descriptor 2 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 42.6 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 27.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 34718	**Top Key Reference CPT Code:** 34701	**2nd Key Reference CPT Code:** **34707**
Median Pre-Service Time	150.00	150.00	150.00
Median Intra-Service Time	120.00	120.00	120.00
Median Immediate Post-service Time	35.00	40.00	40.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	95.0	95.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	39.0	39.00	39.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**477.00**	**482.00**	**482.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	7%	66%	24%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	10%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	10%	90%
Physical effort required	0%	45%	55%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	47%	53%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	5%	95%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	5%	95%
Physical effort required	0%	26%	74%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	5%	95%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two years ago the RUC valued a family of 20 new and revised codes that redefined coding for Endovascular Repair of the aorta and iliac arteries. Collaborators from SVS, SIR, ACS, STS, AATS, ACC, and SCAI worked for over one year to create the CPT proposal that radically changed the way the work of EVR was coded. A large part of this proposal involved bundling of services commonly performed together including catheter placement and radiologic supervision and interpretation. Another small part of the proposal revised a Category III CPT code for the repair of an iliac artery aneurysm with an experimental iliac branched endograft (IBE) device. A separate Category III code for the supervision and interpretation was deleted as this service was bundled into the base code. Although there was one FDA approved device available on the US market in January 2017 when the original EVR presentation was made to the RUC, there was insufficient literature to support conversion of the Category III code to a Category I CPT code at that time.

Over the ensuing 2 years, the new EVR codes have been adopted and the RUC recommendations have been confirmed by CMS. The IBE technology has become more mainstream and the literature requirement for conversion to Cat I has been met. Two new Category I CPT codes were created to capture the work of iliac artery endovascular repair with an iliac branched endograft. Code 34717 is a ZZZ add-on code designed to be reported in conjunction with the standard EVR codes for repair of an iliac artery at the same session as repair of an aortic aneurysm. Code 34718 is a stand alone 090 day global code that describes all of the work to repair an iliac artery with an iliac branched endograft, either after previous placement of an endograft in the aorta more proximally or for the isolated repair of an iliac aneurysm.

Survey Methodology

A multi-disciplinary workgroup included SVS and SIR. Approval to modify the survey instrument was obtained from the Research Subcommittee. Links to the surveys were distributed randomly to the members of the representative societies. The results were reviewed by the multi-specialty expert panel and the following recommendations are submitted for the codes.

Pre-Service Time

There is significant pre-service time and work that goes into providing these procedures to review the aneurysm anatomy on CT angiogram, confirm the suitability of the anatomy for EVR, make a large number of aortic diameter and center-line length measurements, review available endograft sizes and develop an operative plan that will successfully treat the pathology at hand. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure. We therefore received approval from the Research Subcommittee to add an additional question to the survey to capture time spent planning for EVR. This is consistent with the code descriptors that include the phrase "including pre-procedure sizing and device selection." This is also consistent with CMS' request to include this work as bundled in the main procedure. The requested modifications to the survey were the same modifications that were made to the EVR surveys for January 2017 and were approved by the Research Subcommittee.

Pre-service package 4 is appropriate for EVT procedures with adjustment to the times. Surveyed planning times have been added to the pre-service evaluation time. The survey respondents also identified varying additional minutes for evaluation. We believe this to be related to the additional work the day before and the day of the procedure to ensure that all necessary supplies are available for the operation, to ensure that the radiologic equipment is operational and prepared for the procedure, and to re-review the extensive anatomic imaging prior to performing the procedure.

An additional 17 minutes of positioning time has been added to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure.

Post-Service Time

Post-service package 9B is appropriate, however, this package only allows 5 minutes for “operative note” which is not sufficient time for endovascular procedures that have radiologic supervision & interpretation bundled into the code. There is significantly more time involved to review all images and cines, annotate appropriate images, dictate radiologic findings, and document radiation exposure and contrast volumes. We therefore recommend accepting the survey median of 35 minutes for immediate post-service time.

Comparison with Key Reference Services

The most commonly chosen KRS for 34718 were

34701 *(Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer))* with 43% and

34707 (*Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation))* with 28%.

Both are 090 day codes reported for endovascular aneurysm repairs and are similar to 34718; however, both utilize straight tubes, not bifurcating branches, and are thus significantly less complex, ie, intense.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34707	22.28	0.102	482	110	20	20	120	40
34701	23.71	0.114	482	110	20	20	120	40
34718	**24.00**	**0.117**	**477**	**110**	**20**	**20**	**120**	**35**

Comparison to MPC codes

MPC 35301, RVU 21.16
Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

MPC 33863, RVU 58.79
Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Critical Care	Oth Hosp	Office
35301	**21.16**	**0.104**	**404**	**40**	**15**	**20**	**120**	**30**		**133**	**46**
34718	24.00	0.117	477	110	20	20	120	35		133	39
33863	**58.79**	**0.121**	**905**	**60**	**15**	**20**	**287**	**40**	**140**	**303**	**40**

Summary

Based on the factors outlined above, the specialties recommend a work vale of 24.00, with a total time of 477 minutes (25 eval, 20 pos, 20 SDW, 120 intra, 35 immediate post, 133 hospital and 39 f/u office visits) for this new 090 CPT Code 34718. This value aligns well within the EVR family, reference codes and within the fee schedule.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0254T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 750
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Source: MedPAR, claims used for IPPS rate calibration (IPPS discharges plus Maryland less statistical outliers). Medicare FY 2017 (Oct.1, 2016 - Sep. 30, 2017) Additional Notes: Effective October 1, 2016, the IBE device was assigned a New Technology Add-on Payment (NTAP) status by CMS. Associated ICD-10-PCS codes were created as a requirement of the NTAP and also effective Oct. 1, 2016. Utilizing the ICD-10-PCS codes associated with the use of IBE, the number of times each code was reported, by Medicare FY Quarter, has been assessed. Total cases shown = 600. There were 399 additional discharges identified with fewer than 10 cases. However, data for facilities with less than 10 discharges cannot be accessed (MedPAR limitation).

Specialty vascular surgery Frequency 900 Percentage 90.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Cardiovascular-Aneurysm repair

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 0254T

ISSUE: Iliac Branched Endograft Placement

TAB: 5

					RVW					Total		PRE			INTRA					POST	POST			POST-OFFIC	12 Month Svy Experience				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	planning	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	13	12	11	MIN	25th	MED	75th	MAX
REF1	34709	Placement of extension prosthesis(es) c	27	0.108			6.50			60	0	0					60			0													
REF2	33884	Placement of proximal extension prosth	19	0.137			8.20			60	0	0					60			0													
current	0254T	Endovascular repair of iliac artery bifurc		n/a						0																						
SVY	34717	Endovascular repair of iliac artery at the	67	0.104	6.50	9.00	10.50	14.75	24.00	140	50	0			20	60	90	120	180	0									0	2	3	5	18
REC	34717	25th pctl RVW		0.094			9.00			115	0	25					90			0													
REF1	34701	Endovascular repair of infrarenal aorta b	29	0.114			23.71			482		110	20	20			120			40	1	1		1.0		1	1						
REF2	34707	Endovascular repair of iliac artery by de	19	0.102			22.28			482		110	20	20			120			40	1	1		1.0		1	1						
current	0254T	Endovascular repair of iliac artery bifurc		N/A						0																						
SVY	34718	Endovascular repair of iliac artery, not a	68	0.135	18.09	24.00	25.00	26.40	35.00	482	55	60	20	20	60	90	120	150	360	35	1	1		1.0		1	1		0	1	2	4	12
REC	34718	25th pctl RVW		0.117			24.00			477		110	20	20			120			35	1	1		1.0		1	1						

CPT Code: 34717 & 34718
Specialty Society: SVS & SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Global Period: ZZZ **Meeting Date:** January 2019

34717 *Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)*

(Use 34717 in conjunction with 34703, 34704, 34705, 34706)

(34717 may only be reported once per side. For bilateral procedure, report 34717 twice)

(Do not report 34717 in conjunction with 34709 on the same side)

Global Period: 090 **Meeting Date:** January 2019

34718 *Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral*

(For bilateral placement of an iliac branched endograft, report modifier 50)

(Do not report 34718 in conjunction with 34717)

(Do not report 34718 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709)

(Do not report 34718 in conjunction with 34710, 34711 on the same side)

(For placement of an iliac branched endograft in the same setting as aorto-iliac endograft placement, use 34717)

(For placement of an isolated iliac branched endograft for rupture, use 37799)

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   SVS and SIR convened a panel that included a number of experts familiar with these services to evaluate the practice expense inputs for these 'iliac branched endograft placement' procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The specialties included CPT Code 34701 as the reference code on the PE spreadsheet. This is a recently reviewed EVR code and was selected on the work side as the key reference service code.

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   N/A

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   N/A

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

7. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

   N/A

8. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

   N/A

9. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

   N/A

10. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

11. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    EF023 table, exam – Office Visit formula

12. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:**

    N/A

13. **If there is any other item on your spreadsheet that needs further explanation please include here:**

    N/A

14. **Please include an explanation of each line item:**

SA048	pack, minimum multi-specialty visit	2	One for each f/u office visit
SA052	pack, post-op incision care (staple)	1	For the first f/u office visit

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		**Meeting Date: January 2019** **Tab: 5 Iliac Branched Endograft Placement** **Specialty: Vascular Surgery**				**34701**		**34717**		**34718**	
3		***RUC Collaboration Website***				*Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all*		*Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally*		*Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s)*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**ZZZ**	**ZZZ**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$59.47**	**$ -**	**$ -**	**$ -**	**$59.47**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**135**	**0**	**0**	**0**	**135**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**60**	**0**	**0**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**12**	**0**	**0**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**63**	**0**	**0**	**0**	**63**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 49.95**	**$ -**	**$ -**	**$ -**	**$ 49.95**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery or procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5				5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20				20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8				8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20				20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7				7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records	L037D	RN/LPN/MTA	0.37						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L037D	RN/LPN/MTA	0.37						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work	L037D	RN/LPN/MTA	0.37						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray	L037D	RN/LPN/MTA	0.37						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	Technologist QC's images in PACS, checking for all images,	L037D	RN/LPN/MTA	0.37						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37						
71	CA033	Perform regulatory mandated quality assurance activity (service	L037D	RN/LPN/MTA	0.37						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**12**	**n/a**		**n/a**	**12**
81		**End: Patient leaves office**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27				1				1
89		99213 36 minutes	36				1				1
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**63.0**	**0.0**	**0.0**	**0.0**	**63.0**
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		**Meeting Date: January 2019** **Tab: 5 Iliac Branched Endograft Placement** **Specialty: Vascular Surgery**				**34701**		**34717**		**34718**	
3		***RUC Collaboration Website***				*Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all*		*Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally*		*Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s)*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**ZZZ**	**ZZZ**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$59.47**	**$ -**	**$ -**	**$ -**	**$59.47**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**135**	**0**	**0**	**0**	**135**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**60**	**0**	**0**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**12**	**0**	**0**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**63**	**0**	**0**	**0**	**63**
100	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 9.22**	**$ -**	**$ -**	**$ -**	**$ 9.22**
102	SA048	pack, minimum multi-specialty visit	2.1122	pack			2				2
103	SA052	pack, post-op incision care (staple)	4.992	pack			1				1
104											
105											
106											
107											
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.31**	**$ -**	**$ -**	**$ -**	**$ 0.31**
112	EF023	table, exam	2188.0593	Office Visits	0.004867106		63				63
113											
114											
115											
116											
117											
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Negative IWPUT for code 35761*

January 2019

Exploration of Artery – Tab 6

CPT code 35701 was identified with 35761 in January 2018 by the Relativity Assessment Workgroup's negative IWPUT screen. At the January 2018 RUC meeting, the RUC reviewed CPT code 35761 *Exploration (not followed by surgical repair), with or without lysis of artery; other vessels* and recommended referral to CPT. The RUC recommended referring CPT code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the "with or without lysis" language and to condense the code set, where applicable, due to low frequency. The appropriate global period for exploration (not followed by surgical repair) was also considered after the CPT review. In September 2018, CPT revised one code, added two codes, and deleted three codes to report major artery exploration procedures and to condense the code set due to low frequency.

Miscoding of 35701
The CPT Editorial Panel revised code 35701, as the service was frequently misreported. The RUC understands that the 69% of claims representing services performed by otolaryngology represent miscoding as otolaryngologists do not perform this service as currently described. A new "do not report" parenthetical was added to this service to prohibit the reporting of it with several major surgical skin flap procedures to prevent the miscoding. The RUC believes that the misreporting of CPT code 35701 was likely in addition to CPT codes (i.e., 15756-15758) and not in lieu of the correct CPT code. Therefore, the remediation of this misreporting in concert with the recommended work values should result in an overall work savings for the exploration of artery family of services.

35701 ***Exploration of artery not followed by surgical repair; neck (eg, carotid, subclavian)***
The RUC reviewed the survey results from 52 vascular surgeons and agreed on the following physician time components: 40 minutes of pre-service evaluation, 10 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, 60 minutes of intra-service time, 30 minutes of immediate post-service time, one 99231 post-operative hospital visit, one 99238 discharge visit and one 99212 post-operative office visit.

The RUC reviewed the survey 25th percentile work RVU of 11.82 and agreed that this value overstates the amount of physician work involved. To determine an appropriate work RVU, the RUC compared the survey code to CPT code 33271 *Insertion of subcutaneous implantable defibrillator electrode* (work RVU= 7.50, intra-service time of 60 minutes and total time of 202 minutes) and noted that both services involve identical intra-service time, similar total time and an identical overall amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from code 33271 to code 35701. The RUC also compared the survey code to MPC code 21556 *Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm* (work RVU= 7.66, intra-service time of 60 minutes, total time of 234 minutes) and noted that both services involve identical intra-service time, similar total time and should be valued similarly. **The RUC recommends a work RVU of 7.50 for CPT code 35701.**

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35702 ***Exploration of artery not followed by surgical repair; upper extremity (eg, axillary, brachial, radial, ulnar)***
The RUC reviewed the survey results from 52 vascular surgeons and agreed on the following physician time components: 40 minutes of pre-service evaluation, 10 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, 50 minutes of intra-service time, 30 minutes of immediate post-service time, one 99231 post-operative hospital visit, one 99238 discharge visit and one 99212 post-operative office visit.

The RUC reviewed the survey 25th percentile work RVU of 11.00 and agreed that this value overstates the amount of physician work involved. To determine an appropriate work RVU, the RUC compared the survey code to CPT code 58565 *Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants* (work RVU= 7.12, intra-service time of 50 minutes and total time of 191 minutes) and noted that both services involve identical intra-service time, similar total time and an identical overall amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from code 58565 to 35702. The RUC also compared the survey code to MPC code 26113 *Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater* (work RVU= 7.13, intra-service time of 58 minutes, total time of 214) and noted that although the reference code involves somewhat more intra-service time, the survey code involves more total time and both services involve a similar overall amount of physician work. **The RUC recommends a work RVU of 7.12 for CPT code 35702.**

35703 ***Exploration of artery not followed by surgical repair; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)***
The RUC reviewed the survey results from 52 vascular surgeons and agreed on the following physician time components: 40 minutes of pre-service evaluation, 10 minutes of pre-service positioning, 15 minutes of pre-service scrub/dress/wait, 60 minutes of intra-service time, 30 minutes of immediate post-service time, one 99231 post-operative hospital visit, one 99238 discharge visit and one 99212 post-operative office visit. Survey codes 35701 and 35703 involve the same pre-service, intra-service, immediate post-service times and the same post-operative care. They also involve the same amount of physician work; the RUC recommends for both services to be valued identically.

The RUC reviewed the survey 25th percentile work RVU of 12.00 and agreed that this value overstates the amount of physician work involved. To determine an appropriate work RVU, the RUC compared the survey code to CPT code 33271 *Insertion of subcutaneous implantable defibrillator electrode* (work RVU= 7.50, intra-service time of 60 minutes and total time of 202 minutes) and noted that both services involve identical intra-service time, similar total time and an identical overall amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from code 33271 to 35703. The RUC also compared the survey code to MPC code 21556 *Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm* (work RVU= 7.66, intra-service time of 60 minutes, total time of 234 minutes) and noted that both services involve identical intra-service time, similar total time and should be valued similarly. **The RUC recommends a work RVU of 7.50 for CPT code 35703.**

Practice Expense
The PE Subcommittee revised the pre-service clinical staff time to the standard of 20 minutes for emergent procedures. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Cardiovascular System **Arteries and Veins** **Excision, Exploration, Repair, Revision**				
▲35701	Q1	Exploration of artery ~~(~~not followed by surgical repair~~,), with or without lysis of artery~~; ~~carotid~~ neck ~~artery~~ (eg, carotid, subclavian) (Do not report 35701 in conjunction with 35201, 35231, 35261, 35800 when performed on the same side of the neck)	090	7.50
●35702	Q2	upper extremity (eg, axillary, brachial, radial, ulnar)	090	7.12
●35703	Q3	lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal) (When additional surgical procedures are performed at the same setting by the same surgeon, 35701, 35X02, 35X03 may only be reported when a nonvascular surgical procedure is performed and only when the artery exploration is performed through a separate incision) (Do not report 35702, 35703 in conjunction with 35206, 35207, 35236, 35256, 35266, 35286, 35860 in the same extremity) (Do not report 35701, 35702, 35703 to explore and identify a recipient artery [eg, external carotid artery] when performed in conjunction with 15756, 15757, 15758, 20955, 20956, 20957, 20962, 20969, 20970, 20972, 20973, 43496, 49906)	090	7.50

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~~D~~35721	-	~~femoral artery~~	090	N/A (2019 work RVU = 7.72)
~~D~~35741	-	~~popliteal artery~~ (35721, 35741 have been deleted) (To report exploration of lower extremity artery, use 35703)	090	N/A (2019 work RVU = 8.69)
~~D~~35761	-	~~other vessels~~ (35761 has been deleted) (To report vascular exploration not followed by surgical repair, other than neck artery, upper extremity artery, lower extremity artery, chest, abdomen, or retroperitoneal area, use 37799) (For vascular exploration of the chest not followed by surgical repair, use 32100) (For vascular exploration of the abdomen not followed by surgical repair, use 49000) (For vascular exploration of the retroperitoneal area not followed by surgical repair, use 49010)	090	N/A (2019 work RVU = 5.93)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35701 Tracking Number Q1 Original Specialty Recommended RVU: **11.82**
Presented Recommended RVU: **9.19**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **7.50**

CPT Descriptor: Exploration of artery not followed by surgical repair; neck (eg, carotid, subclavian)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 59-year-old male is admitted to the intensive care unit (ICU) in septic shock. At the bedside, a central venous catheter is attempted in the right internal jugular vein. Postprocedure X ray appears to show the tip of the catheter in the aortic arch. The patient is taken to the operating room where, upon exploration, the catheter is found to be misplaced in the subcutaneous space of the chest. The carotid artery is explored and found to be free of injury.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 29% , Overnight stay-more than 24 hours 71%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 58%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered. Timing and administration are confirmed. Appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis are ensured. Orders for preoperative medications including beta blockers, if indicated, are written. Results of admission testing and imaging are reviewed. The planned procedure and postoperative management are reviewed with the patient and family. The site and side of proposed skin incision are marked and confirmed with the patient. Informed consent is reviewed and obtained from the patient. The length and type of anesthesia are reviewed with the anesthesiologist. Availability of all required instruments and supplies is verified. Areas surrounding skin incisions to be prepared and draped are verified. The surgeon scrubs and puts on a gown. A surgical time-out is performed with operating surgical team and anesthesia team.

Description of Intra-Service Work: Under general anesthesia, the location of the catheter or injury is carefully inspected, bony and soft tissue landmarks are assessed and marked. An incision is created along the sternocleidomastoid muscle and the neck is dissected. Any hematoma is carefully evacuated and the musculature is retracted. The dissection is carefully carried down until the carotid sheath is entered. The internal jugular vein is identified and retracted for better visualization of the carotid artery. After carefully inspecting for any cranial nerves, the carotid artery is mobilized and inspected for injury. Care is taken to avoid injury to the jugular vein and cranial nerves. The carotid artery is thoroughly inspected for injury. Finding no injury, the wound bed is irrigated with warm saline and after hemostasis is achieved. The surgeon places a drain, if required. The neck is closed in layers.

Description of Post-Service Work: Application of sterile dressing. Discuss findings with family and primary service line. Write post-operative orders and dictate full operative note as well as document a brief operative note. Perform a postoperative check and document findings. Daily rounding while patient remains in the hospital including wound check and neurologic assessment relative to surgical procedure. Write daily progress note. Discuss discharge planning. Post-operative office visit to review interval chart information, including any entries by other physicians caring for the patient, assess wound healing, remove sutures, document patient progress and update PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Matthew Sideman, MD		
Specialty Society(ies):	Society for Vascular Surgery		
CPT Code:	35701		
Sample Size:	1000	**Resp N:** 52	**Response:** 5.2 %
Description of Sample:	random from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**1.00**	2.00	8.00
Survey RVW:	6.60	11.82	**12.15**	15.03	20.00
Pre-Service Evaluation Time:			**44.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	25.00	45.00	**60.00**	90.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	35701	**Recommended Physician Work RVU: 7.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35800	090	12.00	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; neck

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35860	090	15.25	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; extremity

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	57,770

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	25,037

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 63.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 17.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 35701	Top Key Reference CPT Code: 35800	2nd Key Reference CPT Code: **35860**
Median Pre-Service Time	65.00	38.00	38.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	20.0	115.00	155.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	16.0	55.00	55.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**229.00**	**336.00**	**376.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	24%	45%	27%	3%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	64%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	61%	21%
Physical effort required	21%	58%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	45%	36%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	56%	33%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	67%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	56%	33%
Physical effort required	11%	56%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	56%	44%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

The RUC identified CPT Code 35761 with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. Code 35761 was identified through this screen. At the January 2018 RUC meeting, the RUC recommended referring code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the "with or without lysis" terminology; condense the code set, where applicable, due to low frequency; and consider the appropriate global period for exploration not followed by surgical repair.

COMPELLING EVIDENCE

The specialty believes that the family of seldom used vascular explorations codes is misvalued and presents compelling evidence argument based on the following RUC guideline:

- An anomalous relationship between the code being valued and other codes. For example, if code A describes a service that requires more work than codes B, C, and D, but is nevertheless valued lower. The specialty would need to assemble evidence on service time, technical skill, patient severity, complexity, length of stay and other factors for the code being considered and the codes to which it is compared. These reference services may be both inter- and intra-specialty.

In addition, the specialty believes incorrect assumptions were made in the previous valuation of the services. A flawed mechanism or methodology was used in the previous valuation. NPRM and final rule for 1992 shows CPT Codes 35761, 35701, 35721 and 35741 were valued by Harvard around 8 wRVWs with 90-day global periods. CMS decreased the values for all 4 codes to 4.78 wRVUs, but they kept the global as 90-day. This was an error and the global should have been 0-day. This error was partially address in the second 5-year review (CY2002) as follows:

CPT Code 35701: mini survey was conducted and a work RVU of 8.50 was established.
CPT Code 35721: full survey was conducted and a work RVU of 7.18 was established.
CPT Code 35741: mini survey was conducted and a work RVU of 8.00 was established.
CPT Code 35761: no survey. RVU maintained at Harvard value. No vignette.

Note from CY2002 recommendations: The RUC reviewed the peripheral artery and vein ligations family of codes and determined that a number of rank order anomalies existed in this entire family of services. In addition, the RUC agreed that these services are undervalued when compared to CPT code 36831 Thrombectomy, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure) (work RVU = 8.00). The RUC agrees that these services were not accurately evaluated during the original Harvard/Hsaio extrapolations. To correct these rank order anomalies and to determine the appropriate work relative values, the RUC relied primarily on the 25th percentile survey work RVUs as determined by a survey of more than 30 surgeons. In reviewing this specific service, the RUC agreed that the survey work RVUs and the building block methodology produced work RVUs that were not appropriate. The RUC did agree that 35701 should be valued higher than 35741 (rec work RVU = 8.00). The committee recommends a work RVU of 8.50 to retain the current relativity between these two codes and to indicate that the work is greater for 35701.

The issue remained dormant after 2002 largely due to low volume until CPT code 35761 was identified on the negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes screen. Despite the increases to CPT codes 35701, 35721, and 35741 in CY2002 by comparison to CPT 36831, review of the family shows that they remain undervalued for vascular surgical procedures. This fact is readily apparent for 35761 with it's negative IWPUT of -0.014 but the IWPUT of the existing codes is also inappropriately low for an invasive surgical procedure on vascular structures. When compared again (see table below) with the previously crosswalked CPT code of 36831, these codes all appear undervalued, both by RVU and IWPUT. Finally, comparison to other common vascular surgical and non-

vascular CPT codes in the table below further support the compelling evidence argument that this small family of exploration codes is misvalued.

CPT	Descriptor	RVW	IWPUT	Total Time
35701	Exploration, carotid artery	9.19	0.053	262
35721	Exploration, femoral artery	7.72	0.025	273
35741	Exploration, popliteal artery	8.69	0.037	272
35761	Exploration, other artery/vein	5.93	-0.014	317
36831	Open thrombectomy AVF	11.00	0.080	248
35301	Carotid endarterectomy	21.16	0.104	404
36821	AVF creation	11.90	0.104	233
35656	Bypass graft, with other than vein; femoral-popliteal	20.47	0.075	447
99204	Office/outpatient, new visit, level 4	2.43	0.070	45
99213	Office/outpatient, established visit, level 3	0.97	0.053	23
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	1.75	0.084	40

Work RVU Recommendation

We are recommending the 25th percentile survey value of 11.82 RVU for 35701.

PreTime

We recommend pre-time package 4 with the following time adjustments:

Evaluation: Subtract 4 minutes to be consistent with the survey median.

Positioning: Add 7 minutes (total = 10 minutes): After induction of anesthesia in supine position, assist with patient positioning with shoulder roll, head extended and stabilized. Assist with adjusting the OR table and anesthesia lines so that the operative site is assessable. Re-assess position and padding of the extremities and head, adjust as needed. A total of 10 minutes (or more) is supported by numerous codes for neck operations, including: 31600-31610 (2016); 43210 (2015); 43180 (2014); and 35301 (2013)

Scrub, dress, wait: Subtract 5 minutes to be consistent with the survey median.

Comparison with Key Reference Services

The KRS chosen by the survey respondents were CPT code 35800 *(Exploration for postoperative hemorrhage, thrombosis or infection; neck)* by 63% and CPT code 35860 (*Exploration for postoperative hemorrhage, thrombosis or infection; extremity*) by another 17%. These codes are both exploration procedures similar to 35701 and compare favorably as shown in the table below.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	Intra	IM-post	Visits
35800	12.00	0.053	336	30	3	5	60	30	33, 32, 31, 38, 13, 12, 12
35701	11.82	0.092	276	40	10	15	60	30	32, 31, 38, 13
35860	15.25	0.084	376	30	3	5	60	30	33, 32, 32, 31, 38, 13, 12, 12

Comparison to MPC codes

MPC 50590, RVU 9.77, IWPUT 0.091
Lithotripsy, extracorporeal shock wave

MPC 57288, RVU 12.13, IWPUT 0.108
Sling operation for stress incontinence (eg, fascia or synthetic)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	Intra	IM-post	Visits
50590	9.77	0.091	227	33	3	15	60	15	38 x 0.5, 13, 13, 12
35701	11.82	0.092	276	40	10	15	60	30	32, 31, 38, 13
57288	12.13	0.108	246	33	7	15	60	27	38 x 0.5, 13, 13, 13, 12

Conclusion
Analysis of the family of vascular exploration codes relative to other common vascular and non-vascular codes supports that these codes are misvalued. The code set was revised at CPT and then surveyed by random members of SVS. Compelling evidence supports an increase in value for these codes. Strong survey data, supporting key reference services, and anchoring MPC codes support our recommended 25th percentile survey value of 11.82 RVU for CPT code 35701.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35701

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 734
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current code 35701 will continue to be reported by 35701 100% of the time. Current codes 35721 and 35741 will be reported by 35703 100% of the time. Current code 35761 will be reported by 35701 3%; 35702 60%; 35703 7%; and 37799 30%. However, there is belief that some of the currently reported 35701 have been coded incorrectly by ENT, so the specialties are not confident with the recommended total of 734.

Specialty vascular surgery Frequency 500 Percentage 68.11 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36831

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35X00 Tracking Number Q2 Original Specialty Recommended RVU: **11.00**
Presented Recommended RVU: **11.00**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **7.12**

CPT Descriptor: Exploration of artery not followed by surgical repair; upper extremity (eg, axillary, brachial, radial, ulnar)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 74-year-old male had a left brachial artery catheter placed for arterial pressure monitoring for coronary artery bypass grafting. Two days following a successful bypass procedure, the catheter is removed and pressure is held over the insertion site. The patient complains of left hand pain and coolness. The patient is taken to the operating room where the left brachial artery is explored and found to be free of injury.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 4% , Overnight stay-less than 24 hours 29% , Overnight stay-more than 24 hours 67%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 54%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered. Timing and administration are confirmed. Appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis are ensured. Orders for preoperative medications including beta blockers, if indicated, are written. Results of admission testing and imaging are reviewed. The planned procedure and postoperative management are reviewed with the patient and family. The site and side of proposed skin incision are marked and confirmed with the patient. Informed consent is reviewed and obtained from the patient. The length and type of anesthesia are reviewed with the anesthesiologist. Availability of all required instruments and supplies is verified. Areas surrounding skin incisions to be prepared and draped are verified. The surgeon scrubs and puts on a gown. A surgical time-out is performed with operating surgical team and anesthesia team.

Description of Intra-Service Work: Under general anesthesia, the course of the artery (axillary, brachial, radial and/or ulnar) is palpated to determine the change in pulse exam. An incision is created along the left bicep and dissection is carried through the soft tissue. Any hematoma is carefully evacuated. The dissection is carried down until the brachial artery is identified. Care is taken to avoid injury to surrounding veins and nerves and side branches and bridging veins are carefully dissected and ligated as necessary. The brachial artery is mobilized and inspected. Once the artery has been inspected and no apparent injury is visualized, a Doppler probe is used to demonstrate multiphasic flow throughout the artery. Finding no evidence of injury, the wound bed is irrigated with warm saline and once hemostasis is achieved and the arm is closed in layers.

Description of Post-Service Work: Application of sterile dressing. Discuss findings with family and primary service line. Write post-operative orders and dictate full operative note as well as document a brief operative note. Perform a postoperative check and document findings. Daily rounding while patient remains in the hospital including wound check and musculoskeletal exam with strength and range of motion assessment relative to surgical procedure. Write daily progress note. Discuss discharge planning. Post-operative office visit to review interval chart information, including any entries by other physicians caring for the patient, assess wound healing, remove sutures, document patient progress and update PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Matthew Sideman, MD		
Specialty Society(ies):	Society for Vascular Surgery		
CPT Code:	35X00		
Sample Size:	1000	**Resp N:** 52	**Response:** 5.2 %
Description of Sample:	random from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	3.00	16.00
Survey RVW:	6.90	11.00	**13.00**	14.23	20.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	39.00	**50.00**	75.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	35X00	**Recommended Physician Work RVU: 7.12**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35206	090	13.84	**RUC Time**

CPT Descriptor Repair blood vessel, direct; upper extremity

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35860	090	15.25	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; extremity

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	57,770

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	25,037

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 21.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 35X00	Top Key Reference CPT Code: 35206	2nd Key Reference CPT Code: **35860**
Median Pre-Service Time	65.00	50.00	38.00
Median Intra-Service Time	50.00	90.00	60.00
Median Immediate Post-service Time	30.00	25.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	20.0	40.00	155.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	16.0	39.00	55.00
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Median Total Time	**219.00**	**282.00**	**376.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	23%	46%	23%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	54%	31%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	15%	69%	15%
Physical effort required	23%	54%	23%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	54%	31%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	55%	18%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	45%	36%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	45%	27%	27%
Physical effort required	27%	64%	9%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	45%	36%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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The specialty believes that the family of seldom used vascular explorations codes is misvalued and presents compelling evidence argument based on the following RUC guideline:

- An anomalous relationship between the code being valued and other codes. For example, if code A describes a service that requires more work than codes B, C, and D, but is nevertheless valued lower. The specialty would need to assemble evidence on service time, technical skill, patient severity, complexity, length of stay and other factors for the code being considered and the codes to which it is compared. These reference services may be both inter- and intra-specialty.

In addition, the specialty believes incorrect assumptions were made in the previous valuation of the services. A flawed mechanism or methodology was used in the previous valuation. NPRM and final rule for 1992 shows CPT Codes 35761, 35701, 35721 and 35741 were valued by Harvard around 8 wRVWs with 90-day global periods. CMS decreased the values for all 4 codes to 4.78 wRVUs, but they kept the global as 90-day. This was an error and the global should have been 0-day. This error was partially address in the second 5-year review (CY2002) as follows:

CPT Code 35701: mini survey was conducted and a work RVU of 8.50 was established.
CPT Code 35721: full survey was conducted and a work RVU of 7.18 was established.
CPT Code 35741: mini survey was conducted and a work RVU of 8.00 was established.
CPT Code 35761: no survey. RVU maintained at Harvard value. No vignette.

Note from CY2002 recommendations: The RUC reviewed the peripheral artery and vein ligations family of codes and determined that a number of rank order anomalies existed in this entire family of services. In addition, the RUC agreed that these services are undervalued when compared to CPT code 36831 Thrombectomy, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure) (work RVU = 8.00). The RUC agrees that these services were not accurately evaluated during the original Harvard/Hsaio extrapolations. To correct these rank order anomalies and to determine the appropriate work relative values, the RUC relied primarily on the 25th percentile survey work RVUs as determined by a survey of more than 30 surgeons. In reviewing this specific service, the RUC agreed that the survey work RVUs and the building block methodology produced work RVUs that were not appropriate. The RUC did agree that 35701 should be valued higher than 35741 (rec work RVU = 8.00). The committee recommends a work RVU of 8.50 to retain the current relativity between these two codes and to indicate that the work is greater for 35701.

The issue remained dormant after 2002 largely due to low volume until CPT code 35761 was identified on the negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes screen. Despite the increases to CPT codes 35701, 35721, and 35741 in CY2002 by comparison to CPT 36831, review of the family shows that they remain undervalued for vascular surgical procedures. This fact is readily apparent for 35761 with it's negative IWPUT of -0.014 but the IWPUT of the existing codes is also inappropriately low for an invasive surgical procedure on vascular structures. When compared again (see table below) with the previously crosswalked CPT code of 36831, these codes all appear undervalued, both by RVU and IWPUT. Finally, comparison to other common vascular surgical and non-

vascular CPT codes in the table below further support the compelling evidence argument that this small family of exploration codes is misvalued.

CPT	Descriptor	RVW	IWPUT	Total Time
35701	Exploration, carotid artery	9.19	0.053	262
35721	Exploration, femoral artery	7.72	0.025	273
35741	Exploration, popliteal artery	8.69	0.037	272
35761	Exploration, other artery/vein	5.93	-0.014	317
36831	Open thrombectomy AVF	11.00	0.080	248
35301	Carotid endarterectomy	21.16	0.104	404
36821	AVF creation	11.90	0.104	233
35656	Bypass graft, with other than vein; femoral-popliteal	20.47	0.075	447
99204	Office/outpatient, new visit, level 4	2.43	0.070	45
99213	Office/outpatient, established visit, level 3	0.97	0.053	23
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	1.75	0.084	40

Work RVU Recommendation

We are recommending the 25th percentile survey value of 11.00 RVU for 35702.

PreTime

We recommend pre-time package 4 with the following time adjustments:

Evaluation: No change to package time.

Positioning: Add 7 minutes (total = 10 minutes) for padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; appropriately positioning arm to prevent abnormal joint extension, nerve traction, or pressure on bony landmarks; marking, prepping and draping hand; applying tourniquet to the proximal arm; elevating and exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes is supported by codes for upper extremity operations, including: 64910-64912 (2017); 26356-36358 (2015); 25607-25609 (2014); and 36818-36833 (2013).

Scrub, dress, wait: Subtract 5 minutes to be consistent with the survey median.

Comparison with Key Reference Services

The KRS chosen by the survey respondents were CPT code 35206 *(Repair blood vessel, direct; upper extremity)* by 25% and CPT code 35860 (*Exploration for postoperative hemorrhage, thrombosis or infection; extremity*) by another 21%. These codes are both exploration procedures similar to 35702 and compare favorably as shown in the table below.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	Intra	IM-post	Visits
35206	13.84	0.088	282	50			90	25	31,31,38, 13, 12
35702	11.00	0.094	266	40	10	15	50	30	32, 31, 38, 13

35860	15.25	0.084	376	30	3	5	60	30	33, 32, 32, 31, 38, 13, 12, 12

Comparison to MPC codes

MPC 50590, RVU 9.77, IWPUT 0.091
Lithotripsy, extracorporeal shock wave

MPC 57288, RVU 12.13, IWPUT 0.108
Sling operation for stress incontinence (eg, fascia or synthetic)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	Intra	IM-post	Visits
50590	9.77	0.091	227	33	3	15	60	15	38 x 0.5, 13, 13, 12
35702	11.00	0.094	266	40	10	15	50	30	32, 31, 38, 13
57288	12.13	0.108	246	33	7	15	60	27	38 x 0.5, 13, 13, 13, 12

Conclusion
Analysis of the family of vascular exploration codes relative to other common vascular and non-vascular codes supports that these codes are misvalued. The code set was revised at CPT and then surveyed by random members of SVS. Compelling evidence supports an increase in value for these codes. This code in particular was never previous surveyed and currently has a negative IWPUT with Harvard inputs. Strong survey data, supporting key reference services, and anchoring MPC codes support our recommended 25th percentile survey value of 11.00 RVU for CPT code 35702.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35761

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current code 35701 will continue to be reported by 35701 100% of the time. Current codes 35721 and 35741 will be reported by 35703 100% of the time. Current code 35761 will be reported by 35701 3%; 35702 60%; 35703 7%; and 37799 30%.

Specialty vascular surgery Frequency 800 Percentage 72.72 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36831

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35X01 Tracking Number Q3 Original Specialty Recommended RVU: **12.00**
Presented Recommended RVU: **12.00**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **7.50**

CPT Descriptor: Exploration of artery not followed by surgical repair; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 17-year-old male football player is brought to the emergency department with concerns of a right posterior knee dislocation. Computed tomography angiogram appears to show an abnormality in the right popliteal artery. The right popliteal artery is explored and found to be in spasm, but free of injury.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 2% , Overnight stay-less than 24 hours 31% , Overnight stay-more than 24 hours 67%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 57%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered. Timing and administration are confirmed. Appropriate selection, timing, and administration of deep vein thrombosis (DVT) prophylaxis are ensured. Orders for preoperative medications including beta blockers, if indicated, are written. Results of admission testing and imaging are reviewed. The planned procedure and postoperative management are reviewed with the patient and family. The site and side of proposed skin incision are marked and confirmed with the patient. Informed consent is reviewed and obtained from the patient. The length and type of anesthesia are reviewed with the anesthesiologist. Availability of all required instruments and supplies is verified. Areas surrounding skin incisions to be prepared and draped are verified. The surgeon scrubs and puts on a gown. A surgical time-out is performed with operating surgical team and anesthesia team.

Description of Intra-Service Work: Under general anesthesia, the location of the injury is carefully inspected, bony and soft tissue landmarks are assessed and marked. A gentle S shape posterior incision is made over the popliteal artery. Any previous hematoma is carefully evacuated. The tibial nerve and popliteal vein are carefully dissected and mobilized, exposing the popliteal artery. The artery is mobilized and inspected throughout the popliteal fossa examining for injury. Once the artery has been inspected and no apparent injury is visualized, a Doppler probe is used to demonstrate multiphasic flow throughout the artery. Finding no injury, the wound is irrigated with warm saline and the incision is closed in multiple layers.

Description of Post-Service Work: Application of sterile dressing. Discuss findings with family and primary service line. Write post-operative orders and dictate full operative note as well as document a brief operative note. Perform a postoperative check and document findings. Daily rounding while patient remains in the hospital including wound check and neurologic and musculoskeletal assessment relative to surgical procedure. Write daily progress note. Discuss discharge planning. Post-operative office visit to review interval chart information, including any entries by other physicians caring for the patient, assess wound healing, remove sutures, document patient progress and update PCP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Matthew Sideman, MD				
Specialty Society(ies):	Society for Vascular Surgery				
CPT Code:	35X01				
Sample Size:	1000	**Resp N:**	52	**Response:** 5.2 %	
Description of Sample:	random from membership database				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	15.00
Survey RVW:	6.95	12.00	**14.78**	16.00	30.00
Pre-Service Evaluation Time:			**42.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	22.00	45.00	**60.00**	90.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**39.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	35X01	**Recommended Physician Work RVU: 11.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35860	090	15.25	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; extremity

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35800	090	12.00	**RUC Time**

CPT Descriptor Exploration for postoperative hemorrhage, thrombosis or infection; neck

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	57,770

CPT Descriptor 1 Lithotripsy, extracorporeal shock wave

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
57288	090	12.13	**RUC Time**	25,037

CPT Descriptor 2 Sling operation for stress incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 61.5 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 7.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 35X01	Top Key Reference CPT Code: 35860	2nd Key Reference CPT Code: **35800**
Median Pre-Service Time	65.00	38.00	38.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	20.0	155.00	115.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	16.0	55.00	55.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**229.00**	**376.00**	**336.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	41%	31%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	56%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	16%	53%	31%
Physical effort required	22%	44%	34%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	28%	50%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	100%	0%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	100%	0%
Physical effort required	25%	75%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

BACKGROUND

The RUC identified CPT Code 35761 with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. Code 35761 was identified through this screen. At the January 2018 RUC meeting, the RUC recommended referring code 35761 and the family of codes (35701, 35721, 35741) to the CPT Editorial Panel to revise the "with or without lysis" terminology; condense the code set, where applicable, due to low frequency; and consider the appropriate global period for exploration not followed by surgical repair.

COMPELLING EVIDENCE

The specialty believes that the family of seldom used vascular explorations codes is misvalued and presents compelling evidence argument based on the following RUC guideline:

- An anomalous relationship between the code being valued and other codes. For example, if code A describes a service that requires more work than codes B, C, and D, but is nevertheless valued lower. The specialty would need to assemble evidence on service time, technical skill, patient severity, complexity, length of stay and other factors for the code being considered and the codes to which it is compared. These reference services may be both inter- and intra-specialty.

In addition, the specialty believes incorrect assumptions were made in the previous valuation of the services. A flawed mechanism or methodology was used in the previous valuation. NPRM and final rule for 1992 shows CPT Codes 35761, 35701, 35721 and 35741 were valued by Harvard around 8 wRVWs with 90-day global periods. CMS decreased the values for all 4 codes to 4.78 wRVUs, but they kept the global as 90-day. This was an error and the global should have been 0-day. This error was partially address in the second 5-year review (CY2002) as follows:

CPT Code 35701: mini survey was conducted and a work RVU of 8.50 was established.
CPT Code 35721: full survey was conducted and a work RVU of 7.18 was established.
CPT Code 35741: mini survey was conducted and a work RVU of 8.00 was established.
CPT Code 35761: no survey. RVU maintained at Harvard value. No vignette.

Note from CY2002 recommendations: The RUC reviewed the peripheral artery and vein ligations family of codes and determined that a number of rank order anomalies existed in this entire family of services. In addition, the RUC agreed that these services are undervalued when compared to CPT code 36831 Thrombectomy, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure) (work RVU = 8.00). The RUC agrees that these services were not accurately evaluated during the original Harvard/Hsaio extrapolations. To correct these rank order anomalies and to determine the appropriate work relative values, the RUC relied primarily on the 25th percentile survey work RVUs as determined by a survey of more than 30 surgeons. In reviewing this specific service, the RUC agreed that the survey work RVUs and the building block methodology produced work RVUs that were not appropriate. The RUC did agree that 35701 should be valued higher than 35741 (rec work RVU = 8.00). The committee recommends a work RVU of 8.50 to retain the current relativity between these two codes and to indicate that the work is greater for 35701.

The issue remained dormant after 2002 largely due to low volume until CPT code 35761 was identified on the negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes screen. Despite the increases to CPT codes 35701, 35721, and 35741 in CY2002 by comparison to CPT 36831, review of the family shows that they remain undervalued for vascular surgical procedures. This fact is readily apparent for 35761 with it's negative IWPUT of -0.014 but the IWPUT of the existing codes is also inappropriately low for an invasive surgical procedure on vascular structures. When compared again (see table below) with the previously crosswalked CPT code of 36831, these codes all appear undervalued, both by RVU and IWPUT. Finally, comparison to other common vascular surgical and non-

vascular CPT codes in the table below further support the compelling evidence argument that this small family of exploration codes is misvalued.

CPT	Descriptor	RVW	IWPUT	Total Time
35701	Exploration, carotid artery	9.19	0.053	262
35721	Exploration, femoral artery	7.72	0.025	273
35741	Exploration, popliteal artery	8.69	0.037	272
35761	Exploration, other artery/vein	5.93	-0.014	317
36831	Open thrombectomy AVF	11.00	0.080	248
35301	Carotid endarterectomy	21.16	0.104	404
36821	AVF creation	11.90	0.104	233
35656	Bypass graft, with other than vein; femoral-popliteal	20.47	0.075	447
99204	Office/outpatient, new visit, level 4	2.43	0.070	45
99213	Office/outpatient, established visit, level 3	0.97	0.053	23
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	1.75	0.084	40

Work RVU Recommendation

We are recommending the 25th percentile survey value of 12.00 RVU for 35703.

PreTime

We recommend pre-time package 4 with the following time adjustments:

Evaluation: Subtract 2 minutes to be consistent with the survey median.

Positioning: Add 7 minutes (total = 10 minutes) : After induction of anesthesia in supine position, assist with reportioning patient prone and assessing position of the extremities and head and padding and adjusting as needed.

Scrub, dress, wait: Subtract 5 minutes to be consistent with the survey median.

Comparison with Key Reference Services

The KRS chosen by the survey respondents were CPT code 35860 *(Exploration for postoperative hemorrhage, thrombosis or infection; extremity)* by 62% and CPT code 35800 (*Exploration for postoperative hemorrhage, thrombosis or infection; neck*) by another 8%. These codes are both exploration procedures similar to 35703 and compare favorably as shown in the table below.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	Intra	IM-post	Visits
35860	15.25	0.084	376	30	3	5	60	30	33, 32, 31, 38, 13, 12, 12
35703	12.00	0.087	292	40	10	15	60	30	32, 31, 38, 13, 12
35800	12.00	0.084	376	30	3	5	60	30	32, 31, 38, 13

Comparison to MPC codes

MPC 50590, RVU 9.77, IWPUT 0.091
Lithotripsy, extracorporeal shock wave

MPC 57288, RVU 12.13, IWPUT 0.108
Sling operation for stress incontinence (eg, fascia or synthetic)

	RVW	IWPUT	Total Time	Eval	Posit	SDW	Intra	IM-post	Visits
50590	9.77	0.091	227	33	3	15	60	15	38 x 0.5, 13, 13, 12
35703	11.82	0.092	276	40	10	15	60	30	32, 31, 38, 13
57288	12.13	0.108	246	33	7	15	60	27	38 x 0.5, 13, 13, 13, 12

Conclusion
Analysis of the family of vascular exploration codes relative to other common vascular and non-vascular codes supports that these codes are misvalued. The code set was revised at CPT and then surveyed by random members of SVS. Compelling evidence supports an increase in value for these codes. Strong survey data, supporting key reference services, and anchoring MPC codes support our recommended 25th percentile survey value of 12.00 RVU for CPT code 35703.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 35721, 35741

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 930
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current code 35701 will continue to be reported by 35701 100% of the time. Current codes 35721 and 35741 will be reported by 35703 100% of the time. Current code 35761 will be reported by 35701 3%; 35702 60%; 35703 7%; and 37799 30%.

Specialty vascular surgery Frequency 558 Percentage 60.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36831

ISSUE: Exploration of Major Artery
TAB: 6

					RVW					Total	PRE			INTRA					POST						POST-OFFICE					12 Month Svy Experience					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	TYP?
REF1	35800	Exploration for postoperative hemorrhage,	33	0.053			12.00			336	30	3	5			60			30	1	1	1	1.0				1	2							
REF2	35860	Exploration for postoperative hemorrhage,	9	0.084			15.25			376	30	3	5			60			30	1	2	1	1.0				1	2							
current	35701	Exploration (not followed by surgical repair)		0.053			9.19			262	55					60			30		1		1.0				1	1							
SVY	35701	Exploration not followed by surgical repair,	52	0.096	6.60	11.82	12.15	15.03	20.00	280	44	10	15	25	45	60	90	200	30		1	1	1.0				1			0	1	1	2	8	85%
REC	35701	*crosswalk to 33271*		0.051			7.50			229	40	10	15			60			30			1	1.0					1							
REF1	35206	Repair blood vessel, direct; upper extremity	13	0.088			13.84			282	50					90			25			2	1.0				1	1							
REF2	35860	Exploration for postoperative hemorrhage,	11	0.084			15.25			376	30	3	5			60			30	1	2	1	1.0				1	2							
HVD	35761	Exploration (not followed by surgical repair)		-0.014			5.93			317	26	8	25			75			27			3.5	1.0					3							
SVY	35702	Exploration not followed by surgical repair,	52	0.134	6.90	11.00	13.00	14.23	20.00	266	40	10	15	20	39	50	75	200	30		1	1	1.0				1			0	1	2	3	16	92%
REC	35702	*crosswalk to 58565*		0.054			7.12			219	40	10	15			50			30			1	1.0					1							
REF1	35860	Exploration for postoperative hemorrhage,	32	0.084			15.25			376	30	3	5			60			30	1	2	1	1.0				1	2							
REF2	35800	Exploration for postoperative hemorrhage,	4	0.053			12.00			336	30	3	5			60			30	1	1	1	1.0				1	2							
current	35721	Exploration (not followed by surgical repair)		0.025			7.72			273	53					60			30		1	1	1.0					2							
current	35741	Exploration (not followed by surgical repair)		0.037			8.69			272	50					75			30		1		1.0				1	1							
SVY	35703	Exploration not followed by surgical repair,	52	0.132	6.95	12.00	14.78	16.00	30.00	294	42	10	15	22	45	60	90	240	30		1	1	1.0				1	1		0	1	2	4	15	90%
REC	35703	*crosswalk to 33271*		0.051			7.50			229	40	10	15			60			30			1	1.0					1							

CPT Code: 35701, 35702 and 35703
Specialty Society: SVS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Global Period: 090 **Meeting Date:** January 2019

35701 *Exploration of artery (not followed by surgical repair); neck (eg, carotid, subclavian)*

(Do not report 35701 in conjunction with 35201, 35231, 35261, 35800 when performed on the same side of the neck)

35702 *Exploration of artery (not followed by surgical repair); upper extremity (eg, axillary, brachial, radial, ulnar)*

35703 *Exploration of artery (not followed by surgical repair); lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)*

(When additional surgical procedures are performed at the same setting by the same surgeon, 35701, 35X02, 35X03 may only be reported when a nonvascular surgical procedure is performed and only when the artery exploration is performed through a separate incision)

(Do not report 35702, 35703 in conjunction with 35206, 35207, 35236, 35256, 35266, 35286, 35860 in the same extremity)

(Do not report 35701, 35702, 35703 to explore and identify a major recipient artery [eg, external carotid artery] when performed in conjunction with 15756, 15757, 15758, 20955, 20956, 20957, 20962, 20969, 20970, 20972, 20973, 43496, 49906)

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   SVS convened a panel that included a number of experts familiar with these services to evaluate the practice expense inputs for these 'exploration of major artery' procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The specialties included the existing practice expense direct inputs for CPT Code 35701 on the PE spreadsheet.

3. **Is this code(s) typically billed with an E/M service?**

   No

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   N/A

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   N/A

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

7. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

   N/A

8. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

   N/A

9. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

   N/A

10. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EF023	table, exam	Office Visit Formula

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

13. If there is any other item on your spreadsheet that needs further explanation please include here:

N/A

14. Please include an explanation of each line item:

		35701	35702	35703	
SA048	pack, minimum multi-specialty visit	1	1	2	To be used for the f/u post op visits
SA054	pack, post-op incision care (suture)	1	1	1	To be used in the first f/u post op visit

	A	B	C	D	E	F	I	J
1	**RUC Practice Expense Spreadsheet**						**CURRENT**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 6 Exploration of Major Artery** **Specialty: Vascular Surgery**					**35701**	
3		***RUC Collaboration Website***					*Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery*	
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**		
5		**LOCATION**					**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ -**	**$ 59.32**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**135**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**63**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ -**	**$ 49.95**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L037D	RN/LPN/MTA	0.37		5
16	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37		20
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L037D	RN/LPN/MTA	0.37		8
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37		20
19	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	L037D	RN/LPN/MTA	0.37		7
20	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes.	L037D	RN/LPN/MTA	0.37		
21	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37		
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	0	L037D	RN/LPN/MTA	0.37		
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	Standard time for this activity is 3 minutes.	L037D	RN/LPN/MTA	0.37		
34	CA010	Obtain vital signs	Vital Sign Standards	L037D	RN/LPN/MTA	0.37		
35	CA011	Provide education/obtain consent	Include only the additional	L037D	RN/LPN/MTA	0.37		
36	CA012	Review requisition, assess for special needs	0	L037D	RN/LPN/MTA	0.37		
37	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA	0.37		
38	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37		
39	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the	L037D	RN/LPN/MTA	0.37		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA	0.37		
41	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L037D	RN/LPN/MTA	0.37		
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other qualified	L037D	RN/LPN/MTA	0.37		
50	CA019	Assist physician or other qualified healthcare professional---directly	67% of physician or other qualified	L037D	RN/LPN/MTA	0.37		
51	CA020	Assist physician or other qualified healthcare professional---directly	other% of physician or other qualified	L037D	RN/LPN/MTA	0.37		
52	CA021	Perform procedure/service---NOT directly related to physician work time	0	L037D	RN/LPN/MTA	0.37		
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the	L037D	RN/LPN/MTA	0.37		
61	CA023	Monitor patient following procedure/service, no multitasking	0	L037D	RN/LPN/MTA	0.37		
62	CA024	Clean room/equipment by clinical staff	3 minute standard	L037D	RN/LPN/MTA	0.37		
63	CA025	Clean scope	Standards For Scope Cleaning	L037D	RN/LPN/MTA	0.37		
64	CA026	Clean surgical instrument package	Standard for cleaning instruments	L037D	RN/LPN/MTA	0.37		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	0	L037D	RN/LPN/MTA	0.37		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	0	L037D	RN/LPN/MTA	0.37		
67	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	Baseline time for this activity is 2 minute. For	L037D	RN/LPN/MTA	0.37		
69	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute.	L037D	RN/LPN/MTA	0.37		
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37		
71	CA033	Perform regulatory mandated quality assurance activity (service period)	0	L037D	RN/LPN/MTA	0.37		
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	0	L037D	RN/LPN/MTA	0.37		
73	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes.	L037D	RN/LPN/MTA	0.37		
74	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter	L037D	RN/LPN/MTA	0.37	**n/a**	**12**
81		**End: Patient leaves office**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute	L037D	RN/LPN/MTA	0.37		
85	CA038	Coordinate post-procedure services	0	L037D	RN/LPN/MTA	0.37		
86		***Office visits: List Number and Level of Office Visits***		**MINUTES**			**# visits**	**# visits**
87		99211 16 minutes		16				
88		99212 27 minutes		27				1
89		99213 36 minutes		36				1
90		99214 53 minutes		53				
91		99215 63 minutes		63				
92	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.37	**0.0**	**63.0**
99		**End: with last office visit before end of global period**						

	A	B	C	D	E	F	I	J
1	**RUC Practice Expense Spreadsheet**						**CURRENT**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 6 Exploration of Major Artery** **Specialty: Vascular Surgery**					**35701**	
3		***RUC Collaboration Website***					*Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery*	
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**		
5		**LOCATION**					**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ -**	**$ 59.32**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**135**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**0**	**63**
100	**Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**			
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ -**	**$ 9.06**
102	SA048	pack, minimum multi-specialty visit		2.1122	pack			2
103	SA054	pack, post-op incision care (suture)		4.8353	pack			1
104								
105								
106								
107								
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
110	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ -**	**$ 0.31**
112	EF023	table, exam		2188.0593		0.004867106		63
113								
114								
115								
116								
117								
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 6 Exploration of Major Artery** **Specialty: Vascular Surgery**	**35701**		**35702**		**35703**	
3		***RUC Collaboration Website***	*Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)*		*Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)*		*Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 32.28**	**$ -**	**$ 32.28**	**$ -**	**$ 44.52**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**68**	**0**	**68**	**0**	**95**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**20**	**0**	**20**	**0**	**20**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**12**	**0**	**12**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**36**	**0**	**36**	**0**	**63**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 25.16**	**$ -**	**$ 25.16**	**$ -**	**$ 35.15**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)		7		7		7
17	CA003	Schedule space and equipment in facility		4		4		4
18	CA004	Provide pre-service education/obtain consent		0		0		0
19	CA005	Complete pre-procedure phone calls and prescription		4		4		4
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly						
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
81		**End: Patient leaves office**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes						
88		99212 27 minutes						1
89		99213 36 minutes		1		1		1
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0.0**	**36.0**	**0.0**	**36.0**	**0.0**	**63.0**
99		**End: with last office visit before end of global period**						

	A	B	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 6 Exploration of Major Artery** **Specialty: Vascular Surgery**	**35701**		**35702**		**35703**	
3		***RUC Collaboration Website***	*Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)*		*Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)*		*Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 32.28**	**$ -**	**$ 32.28**	**$ -**	**$ 44.52**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**68**	**0**	**68**	**0**	**95**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**20**	**0**	**20**	**0**	**20**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**12**	**0**	**12**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**36**	**0**	**36**	**0**	**63**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 6.95**	**$ -**	**$ 6.95**	**$ -**	**$ 9.06**
102	SA048	pack, minimum multi-specialty visit		1		1		2
103	SA054	pack, post-op incision care (suture)		1		1		1
104								
105								
106								
107								
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
110	**Equipment Code**	**EQUIPMENT**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.18**	**$ -**	**$ 0.18**	**$ -**	**$ 0.31**
112	EF023	table, exam		36		36		63
113								
114								
115								
116								
117								
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Orchiopexy – Tab 7

In September 2018, the CPT Editorial Panel revised existing code 54640 to describe an additional approach for orchiopexy (scrotal) and to clearly indicate that hernia repair is separately reportable.

54640 ***Orchiopexy, inguinal or scrotal approach***
The RUC reviewed the survey results from 96 urological and pediatric surgeons and recommends the following physician time components: 30 minutes of pre-service evaluation time, 5 minutes of pre-service positioning time, 10 minutes of pre-service scrub/dress/wait, 60 minutes of intra-service time, and 15 minutes of immediate post-service time, a half day discharge management (99238), and one 99213 office visit. The RUC agreed that this is a difficult procedure due to the infant's anatomy and that two minutes of additional positioning time is appropriate for positioning the infant in a supine frog legged position with stabilizing support for performing the procedure and to account for anesthesia lines and equipment. The RUC thoroughly reviewed the recommended work and agreed that the current work RVU of 7.73, which is below the survey 25th percentile, accounts for the physician work involved for this service.

The RUC determined the previous number of visits was flawed based the way the visits were incorrectly recorded from separate surveys by urologists and pediatric surgeons in 1993. When reviewing previous data, the specialty indicated that the dominant specialty had performed two 99212 visits, but that data did not carry over into the RUC database when it was first created. The specialties further indicated that the current survey data indicating one 99213 is approximately equal to two 99212 visits. The RUC accepted this information and agreed that the work for the survey code has not changed since the last time it was surveyed by pediatric urologists and that the recommended work RVU for the survey code appropriately accounts for the amount of physician work that is involved, warranting a recommended work RVU of 7.73 for the survey code.

To justify a work RVU of 7.73, the RUC compared the surveyed code to CPT code 33274 *Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed* (work RVU= 7.80, pre-service time of 51 minutes, intra-service time of 60 minutes, and post-service time of 20 minutes) and noted that the survey code contains identical intra-service time and similar total time. The RUC also compared the survey code to CPT code 57295 *Revision (including removal) of prosthetic vaginal graft; vaginal approach* (work RVU= 7.82, pre-service time of 45 minutes, intra-service time of 60 minutes, and post-service time of 20 minutes) and noted that the survey code contains identical pre-service and intra-service time as well as similar post-service time, further justifying the recommended and current work RVU for the survey code. **The RUC recommends a work RVU of 7.73 for CPT code 54640.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Male Genital System** **Testis** **Repair**				
54640	R1	Orchiopexy, inguinal or scrotal approach~~, with or without hernia repair~~ *(For bilateral procedure, report 54640 with modifier 50)* *(For inguinal hernia repair performed in conjunction with inguinal orchiopexy, see 49495-49525)*	090	7.73 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:54640 Tracking Number Original Specialty Recommended RVU: **7.73**
Presented Recommended RVU: **7.73**
Global Period: 090 Current Work RVU: **7.73** RUC Recommended RVU: **7.73**

CPT Descriptor: Orchiopexy, inguinal or scrotal approach
(For inguinal hernia repair performed in conjunction with inguinal orchiopexy, see 49495-49525)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A six-month-old patient presents with a palpable undescended testis.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 80% , In the ASC 20%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered. Timing and administration are confirmed. Results of admission testing and imaging are reviewed. The planned procedure and postoperative management are reviewed with the parents. The site and side of proposed skin incision is marked and confirmed with the parents. Informed consent is reviewed and obtained from the parent, including witness. The length and type of anesthesia is reviewed with the anesthesiologist. Availability of all required instruments and supplies is verified. Assistance is provided in positioning the infant. Areas surrounding skin incisions to be prepared and draped are verified. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team and anesthesia team.

Description of Intra-Service Work: An incision is made in the scrotum or the inguinal area from the pubic bone to the upper lateral pelvic area in the skin crease made by the thigh and the lower abdomen. Dissection is carried out to find the testis in the inguinal canal. The spermatic cord is mobilized to allow positioning of the testis in the scrotum. In the scrotum, a small pouch is created for the testis where the testis is sutured in place to prevent retraction back in to the inguinal canal. The incision is closed in layers.

Description of Post-Service Work: A sterile dressing is applied. The outcome of the surgery is discussed with the patient's parents, and a brief operative note is written. Patient stabilization is monitored in the recovery room. An operative report is dictated, and medical record documentation is completed. Aftercare treatment, including home restrictions (eg, activity, bathing), is discussed with the parents. Medications are reconciled, and orders for discharge medications are written. A discharge summary and instructions are completed. The patient is examined in the office at least once within the 90-day global period. Patient and family questions about surgery outcome and progress are answered. The dressings are removed, and the wound is assessed for any signs of infection or edema. Dressings are reapplied. The parents are instructed on continue care of the wound and bathing and activity restrictions. The chart note and letter to the primary care pediatrician are completed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Thomas Turk, MD; Kyle Richards, MD; Jonathan Kiechle, MD; Jonathan Rubenstein, MD; Richard Weiss, MD		
Specialty Society(ies):	American Urological Association, American Pediatric Surgical Association		
CPT Code:	54640		
Sample Size:	775	**Resp N:** 96	**Response:** 12.3 %
Description of Sample:	random selection of self-identified pediatric urologists from AUA database random selection from APSA database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	6.00	**20.00**	61.00	300.00
Survey RVW:	7.08	8.52	**9.83**	11.48	15.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	25.00	45.00	**60.00**	60.00	90.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	54640	**Recommended Physician Work RVU: 7.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**5.00**	**3.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49521	090	11.48	**RUC Time**

CPT Descriptor Repair recurrent inguinal hernia, any age; incarcerated or strangulated

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49505	090	7.96	**RUC Time**

CPT Descriptor Repair initial inguinal hernia, age 5 years or older; reducible

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50592	010	6.55	**RUC Time**	1,437

CPT Descriptor 1 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
49507	090	9.09	**RUC Time**	11,150

CPT Descriptor 2 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 30.2 **%**

Number of respondents who choose 2nd Key Reference Code: 28 **% of respondents:** 29.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 54640	Top Key Reference CPT Code: 49521	2nd Key Reference CPT Code: **49505**
Median Pre-Service Time	45.00	63.00	50.00
Median Intra-Service Time	60.00	90.00	70.00
Median Immediate Post-service Time	15.00	40.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	39.00	39.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**162.00**	**251.00**	**198.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	38%	59%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	41%	52%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	52%	45%
Physical effort required	3%	76%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	41%	42%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	57%	18%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	21%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	39%	61%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	32%	64%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

An erroneous CPT Assistant article published in June 2008 resulted in coding confusion for code 54640. The coding guidance for the article was provided by gastrointestinal physicians who do not perform the procedure. Urologists and general surgeons were not consulted. The AUA sent a request to the CPT Assistant Board to correct the publication. The Board members discussed this issue and noted that there appears to be a lack of clarity in the coding guidance because code 54640 states “with or without hernia repair” but there is a parenthetical following the code that states "For inguinal hernia repair performed in conjunction with inguinal orchiopexy, see 49495-49525."

Code 54640 is a CPT legacy code (pre-1990). The inclusion of "with or without" terminology did not mean "includes when performed." This was clarified with addition of a parenthetical in 2001 as an editorial change. The CPT 2001 Changes book provided the following rationale for the change: "*To allay misinterpretation that inguinal hernia repair is an inclusive procedure of the orchiopexy code 54640, a cross-reference was added directing users to the appropriate hernia repair code (49495-49525). When an inguinal hernia repair is performed in addition to an orchiopexy, both code 54640 and the appropriate inguinal hernia repair code 49495- 49525, should be reported.*"

Given the continued coding confusion from the 2008 erroneous CPT Assistant publication, the AUA proposed further coding changes that were approved by the CPT Editorial Panel. Although the changes were editorial based on the 2001 historical information noted above, it was determined that code 54640 should be surveyed.

Discussion of current RUC database time and visit details

Code 54640 was surveyed in 1993 when new code 54650 (orchiopexy by abdominal approach) was added to CPT to describe a different orchiopexy technique performed on a very small percentage of infants. In 1993, multiple societies could survey and submit separate SORs and separate recommendations that were then adjudicated by the RUC.

For code 54640, the RUC rationale states: "*Since fewer than 1,000 claims are submitted for these services annually, the RUC did not believe a survey of practicing physicians would yield much useful information about these services. The specialty provided no compelling evidence to support their comment, so the RUC recommends that the current RVUs be maintained.*"

Further, another RUC rationale entry states: "*The physician time listed in this record reflects Medicare frequency weight averaged time, or time jointly agreed upon by the specialty societies that developed the work recommendation. At the time that the RUC reviewed the original specialty societies' work recommendations, the RUC allowed multiple recommendations for a single code.*"

Based on a review of the originally submitted SORs, we believe the office visit data in the RUC database is incorrect. We note that this information was not added in 1993 when the code was surveyed, but many years later when the RUC database was created. Therefore, this is likely a transcription error; should have been 2 x 99212 office visits and not 2 x 99214.

SOURCE	CPT		TOTAL	PRE	INTRA	POST	99238	99214	99212
1993 svy	54640	pediatric urology	**167**	30	**60**	45	0.0		2
1993 svy	54640	pediatric general surgery	**221**	45	**75**	45	0.0	1	1
The blended intra-time was weighted toward pediatric urology, the dominant provider ~90%, but the office visit was transcribed as 99214 instead of 99212.									
current database	**54640**	"weight-averaged blended data"	**220**	33	**62**	45	0.0	2	

Compelling Evidence

Flawed methodology: The RUC review in 1993 resulted in no change in work RVU from the Harvard study, but inclusion of blended survey data in the RUC database (albeit inadvertently incorrect).

Recommendation

We recommend the current work RVU of 7.73. The work for code 54640 has not changed. The 1992 PFS work RVU was 6.90. The only difference in time and visit details from the 1993 survey of pediatric urologists (the dominant provider) is 2 x 99212 versus the current 1 x 99213 postoperative office visits. Given the increases to EM office visit codes in 1997, 2007, and 2010. The current value of 7.73 approximates global code adjustments, updated pre-time and updated discharge management time and work. If the correct office visits are applied to the current database record, the total time is essentially the same as the total current survey time.

Pre-time package 3 and Post-time package 9b are selected. The patient is straightforward, but operating on an infant's anatomy to perform orchiopexy is a difficult procedure. The patient will be positioning supine frog legged with stabilizing support for both performing the procedure and to account for anesthesia lines and equipment.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 54640

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty urology How often? Sometimes

Specialty general surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 307
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty uology Frequency 280 Percentage 87.94 %

Specialty general surgery Frequency 30 Percentage 9.77 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 54640

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Orchiopexy, Inguinal Approach

TAB: 7

					RVW					Total	PRE			INTRA					POST		POST-OFFICE					12 Month Svy Experience				
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	38	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	49521	Repair recurrent inguinal hernia, any age; inc	29	0.082			11.48			251	40	3	20			90			40	0.5			1	1						
REF2	49505	Repair initial inguinal hernia, age 5 years or	28	0.065			7.96			198	20	15	15			70			20	0.5			1	1						
current	54640	Orchiopexy, inguinal approach, with or witho		0.048			7.73			220	33					62			45			2							
SVY	54640	Orchiopexy, inguinal or scrotal approach	96	0.106	7.08	8.52	9.83	11.48	15.00	181	30	5	10	25	45	60	60	90	15	1.0			1			1	6	20	61	300
REC	54640	Maintain current value		0.082			7.73			162	30	5	10			60			15	0.5			1							

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:
54640 Orchiopexy, inguinal or scrotal approach

Global Period 090 Meeting Date: 01-2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: The specialty advisors reviewed the current PE inputs for 54640.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: N/A – current code used as reference

3. Is this code(s) typically billed with an E/M service? no

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: n/a

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: n/a

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: n/a

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: n/a

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. n/a

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: n/a

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: n/a

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: Equipment time is equal to the time for one postop office visit

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: n/a

13. If there is any other item on your spreadsheet that needs further explanation please include here: n/a

14. Please include an explanation of each line item:

		current	recommend	
SA048	pack, minimum multi-specialty visit	2	**0**	All items in an adult visit pack are not typical for infants. Replaced with table paper, gloves, and thermometer cover as added below.
SB036	paper, exam table		7	cover exam table
SB022	gloves, non-sterile		2	1 each – MD and staff
SB004	cover, thermometer probe		1	typical for any visit
SM021	sanitizing cloth-wipe (patient)	15	5	clean patient after removing diaper
SA053	pack, post-op incision care (suture & staple)	1	**0**	no staples; sutures that are used are absorbable
SK054	pad, urinary incontinence (Depends)	1	**0**	not an adult - parent would bring new diaper
EF023	table, exam	106	36	typical in pediatric surgeon office
EQ168	light, exam	106	36	typical in pediatric surgeon office

	1	2	4	5	6	7	8	9	10
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***				**54640**		**54640**	
3		***RUC Collaboration Website***				Orchiopexy, inguinal approach, with or without hernia repair		Orchiopexy, inguinal or scrotal approach	
4	**Clinical Activity Code**	**Meeting Date: 01/2019 Tab: 7 Specialty: AUA, APSA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 75.95**	**$ -**	**$ 38.74**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**172**	**0**	**102**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**6**	**0**	**6**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**106**	**0**	**36**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 63.64**	**$ -**	**$ 37.74**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery or procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37		7		7
26		**End: When patient enters office/facility for surgery/procedure**							
27		**SERVICE PERIOD**							
28		**Start: When patient enters office/facility for surgery/procedure:**							
71	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**	**6**	**n/a**	**6**
78		**End: Patient leaves office**							
79		**POST-SERVICE PERIOD**							
80		**Start: Patient leaves office/facility**							
83		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
84		99211 16 minutes	16						
85		99212 27 minutes	27						
86		99213 36 minutes	36						1
87		99214 53 minutes	53				2		
88		99215 63 minutes	63						
89	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**106.0**	**0.0**	**36.0**
96		**End: with last office visit before end of global period**							

	1	2	4	5	6	7	8	9	10
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***C. For more complete information about summaries and guidelines***				**54640**		**54640**	
3		***RUC Collaboration Website***				Orchiopexy, inguinal approach, with or without hernia repair		Orchiopexy, inguinal or scrotal approach	
4	**Clinical Activity Code**	**Meeting Date: 01/2019 Tab: 7 Specialty: AUA, APSA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 75.95**	**$ -**	**$ 38.74**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**172**	**0**	**102**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**6**	**0**	**6**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0**	**106**	**0**	**36**
97	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
98		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 11.36**	**$ -**	**$ 0.68**
99	SA048	pack, minimum multi-specialty visit	2.1122	pack			2		
100	SB036	paper, exam table	0.014	foot					7
101	SB022	gloves, non-sterile	0.138	pair					2
102	SB004	cover, thermometer probe	0.0835	item					1
103	SM021	sanitizing cloth-wipe (patient)	0.0452	item			15		5
104	SA053	pack, post-op incision care (suture & staple)	5.95	pack			1		
105	SK054	pad, urinary incontinence (Depends)	0.509	item			1		
107	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
108		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.95**	**$ -**	**$ 0.32**
109	EF023	table, exam	2188.0593	Default	0.004867106		106		36
110	EQ168	light, exam	1530.8117	Default	0.004062356		106		36
111									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Radiofrequency Neurotomy Sacroiliac Joint – Tab 8

In September 2018, the CPT Editorial Panel created two new codes to describe injection and radiofrequency ablation of the sacroiliac joint with image guidance for somatic nerve procedures.

64451 ***Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)***
The RUC reviewed the survey results from 72 physicians and agreed on the following physician time components: 23 minutes of pre-service time, 15 minutes of intra-service time, and 7 minutes of immediate post-service time. This service is performed under fluoroscopic guidance, the dorsal ramus nerve is targeted at the junction of the sacral ala and superior articular process. The nerves are targeted at the posterior lateral foramen and under imaging guidance, the target areas are approached by introducing a spinal needle to each of the appropriate fluoroscopic landmarks. After negative aspiration, local anesthetic is deposited at each of the sites. The RUC thoroughly reviewed the recommended work involved in this service and agreed that the survey 25th percentile of 1.52 correctly estimates the amount of physician work involved.

To justify a work RVU of 1.52, the RUC compared the survey code to the top key reference service 64493 *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level* (work RVU= 1.52 and intra-service time of 15 minutes) and noted that both codes have identical intra-service time and should be valued identically. The RUC noted that although the survey code has less pre- and post- service time, survey respondents rated the survey code identical to somewhat more intense than the top key reference service, warranting the same work RVU of 1.52. Additionally, the RUC compared the surveyed code to CPT code 43197 *Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU= 1.52 and intra-service time of 15 minutes), and noted that the survey code has identical pre-service and intra-service time and nearly identical post-service time and should be valued identically. **The RUC recommends a work RVU of 1.52 for CPT code 64451.**

64625 ***Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)***
The RUC reviewed the survey results from 73 physicians and agreed on the following physician time components: 19 minutes of pre-service time, 30 minutes of intra-service time, and 7 minutes of immediate post-service time. This service is performed under fluoroscopic guidance, the dorsal ramus nerve is targeted at the junction of the sacral ala and superior articular process. The nerves are targeted at multiple points along the posterior lateral foramen and the skin around the planned entry point is injected with local anesthetic. Following the local anesthetic infiltration and under imaging guidance, a radiofrequency cannula is guided to the appropriate fluoroscopic landmark. Sensory stimulation is performed and after further anesthetic is injected, radiofrequency ablation is performed at 60 degrees for 150 seconds.

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The RUC thoroughly reviewed the recommended work involved in this service and agreed that a direct work RVU crosswalk to code 67105 *Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation* (work RVU= 3.39, pre-service time of 11 minutes, intra-service time of 30 minutes, post-service time of 10 minutes) correctly estimates the amount of physician work involved. For additional support, the RUC also referenced CPT code 67227 *Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy* (work RVU= 3.50, pre-service time of 11 minutes, intra-service time of 30 minutes, and post-service time of 10 minutes) and noted that the survey and reference code requires similar physician work to perform and should be valued similarly. **The RUC recommends a work RVU of 3.39 for CPT code 64625.**

Refer to CPT
The RUC refers codes 64451 and 64625 to the CPT Editorial Panel to clarify that these services should not be reported with electrical stimulation codes. The RUC recommends the CPT Editorial Panel editorially add codes 95873 and 95874 to the parenthetical following codes 64451 and 64625. The parenthetical following codes 64451 and 64625 should state the following:

(Do not report 64451 in conjunction with 64493, 64494, 64495, 77002, 77003, 77012, 95873, 95874)

(Do not report 64625 in conjunction with 64635, 77002, 77003, 77012, 95873, 95874)

Practice Expense
The Practice Expense (PE) Subcommittee made modifications, including correcting the clinical activity minutes for CA018, assist physician or other qualified healthcare professional---directly related to physician work time (100%) to match the intra-service time from the physician work survey, as well as to the medical supplies (SD269, SD011). PE Subcommittee members questioned including both equipment items: mobile c-ARM room (EL018) at a purchase price of $151,200 and fluoroscopy table (EF024) at a purchase price of $227,650 to perform one service with fluoroscopy. The PE Subcommittee agreed that the C-arm does not include a table, so maintained the room, mobile c-ARM (EL018), removed the table, fluoroscopy (EF024) and added in the table, power (EF031) as a proxy for fluoroscopy table until invoices can be obtained to reprice the fluoroscopy table, which PE Subcommittee members agreed should have a purchase price between $10,000 and $15,000. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology/New Services
The RUC recommends that CPT codes 64451 and 64625 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Nervous System
Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System
Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic

(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)

(For epidural or subarachnoid injection, see 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)

(64400-64455, 64461, 64462, 64463, 64479, 64480, 64483, 64484, ~~64486, 64487~~, 64490-64495 are unilateral procedures. For bilateral procedures, use modifier 50)

Somatic Nerves

Codes 64400-64489 describe the introduction/injection of an anesthetic agent and/or steroid into the somatic nervous system for diagnostic or therapeutic purposes. For injection or destruction of genicular nerve branches, see 64XX0, 64XX1 respectively.

Codes 64400-64450, 64XX0 describe the injection of an anesthetic agent(s) and/or steroid into a nerve plexus, nerve, or branch. These codes are reported once per nerve plexus, nerve, or branch as described in the descriptor regardless of the number of injections performed along the nerve plexus, nerve, or branch described by the code. Image guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately.

Image guidance (ultrasound, fluoroscopy, CT) and any injection of contrast are inclusive components of 64XX0 and 64451.

Codes 64455, 64479, 64480, 64483, 64484 are reported for single or multiple injections on the same site. For 64479, 64480, 64483, 64484, image guidance (fluoroscopy or CT) and any injection of contrast are inclusive components and are not reported separately. For 64455, image guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately.

Codes 64461, 64462, 64463 describe injection of a paravertebral block (PVB). Codes 64486, 64487, 64488, 64489 describe injection of a transversus abdominis plane (TAP) block. Image guidance and any injection of contrast are inclusive components of 64461, 64462, 64463 and 64486, 64487, 64488, 64489 and are not reported separately.

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◢*64400*	*Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each ~~any~~ ~~division or~~ branch (ie, ophthalmic, maxillary, ~~or~~ mandibular)*
~~*64402*~~	~~*facial nerve*~~
	(64402 has been deleted. To report injection of anesthetic agent and/or steroid to the facial nerve, use 64999)
◢*64405*	*greater occipital nerve*
◢*64408*	*vagus nerve*
~~*64410*~~	~~*phrenic nerve*~~
	(64412 has been deleted. To report, use 64999)
~~*64413*~~	~~*cervical plexus*~~
	(64410, 64413 have been deleted. To report injection of anesthetic agent and/or steroid to the phrenic nerve, cervical plexus, use 64999)
◢*64415*	*brachial plexus~~, single~~*
◢*64416*	*brachial plexus, continuous infusion by catheter (including catheter placement)*
	(Do not report 64416 in conjunction with 01996)
◢*64417*	*axillary nerve*
◢*64418*	*suprascapular nerve*
◢*64420*	*intercostal nerve, single level*
✚◢*64421*	*intercostal nerve~~s~~, ~~multiple, regional block,~~ each additional level (List separately in addition to code for primary procedure)*
	(Use 64421 in conjunction with 64420)
◢*64425*	*ilioinguinal, iliohypogastric nerves*
◢*64430*	*pudendal nerve*
◢*64435*	*paracervical (uterine) nerve*
◢*64445*	*sciatic nerve~~, single~~*

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◢*64446*		*sciatic nerve, continuous infusion by catheter (including catheter placement)*		
		(Do not report 64446 in conjunction with 01996)		
◢*64447*		*femoral nerve~~, single~~*		
		(Do not report 64447 in conjunction with 01996)		
◢*64448*		*femoral nerve, continuous infusion by catheter (including catheter placement)*		
		(Do not report 64448 in conjunction with 01996)		
◢*64449*		*lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)*		
		(Do not report 64449 in conjunction with 01996)		
◢*64450*		*other peripheral nerve or branch*		
		(For injection, anesthetic agent, nerves innervating the sacroiliac joint, use 64451)		
●64451	S1	Injection(s), anesthetic agent(s) and/or steroid*;* nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) (Do not report 64451 in conjunction with 64493, 64494, 64495, 77002, 77003, 77012) (For injection, anesthetic agent, nerves innervating the sacroiliac joint with ultrasound, use 76999) (For bilateral procedure, use 64451 with modifier 50)	000	1.52
●*64XX0*		*Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed*		
		(Do not report 64XX0 in conjunction with 64XX1)		
		(64XX0 requires injecting all of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If all three of these genicular nerve branches are not injected, report 64XX0 with modifier 52)		
Paravertebral Spinal Nerves and Branches				
64493		*Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level*		
		(For injection, anesthetic agent, nerves innervating the sacroiliac joint, use 64451)		

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Nervous System
Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System
Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radiofrequency), Chemodenervation

Codes 64600-64681 include the injection of other therapeutic agents (eg, corticosteroids). Do not report diagnostic/therapeutic injections separately. Do not report a code labeled as destruction when using therapies that are not destructive of the target nerve (eg, pulsed radiofrequency), use 64999. For codes labeled as chemodenervation, the supply of the chemodenervation agent is reported separately.

(For chemodenervation of internal anal sphincter, use 46505)

(For chemodenervation of the bladder, use 52287)

(For chemodenervation for strabismus involving the extraocular muscles, use 67345)

(For chemodenervation guided by needle electromyography or muscle electrical stimulation, see 95873, 95874)

Somatic Nerves

64600 *Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch*

64605 *second and third division branches at foramen ovale*

64610 *second and third division branches at foramen ovale under the radiologic monitoring*

64625	S2	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) (Do not report 64625 in conjunction with 64635, 77002, 77003, 77012) (For radiofrequency ablation, nerves innervating the sacroiliac joint with ultrasound, use 76999) (For bilateral procedure, use 64625 with modifier 50)	010	3.39

#●64XX1 *Destruction by neurolytic agent genicular nerve branches ~~(~~includ<u>inge</u>~~s~~ imaging guidance, when performed~~)~~*

<u>(64XX1 requires the destruction of each of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches, report 64XX01 with modifier 52)</u>

<u>(Do not report 64XX1 in conjunction with 64XX0)</u>

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64451 Tracking Number Original Specialty Recommended RVU: **1.91**
Presented Recommended RVU: **1.91**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **1.52**

CPT Descriptor: Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male has a 5-year history of persistent right sacroiliac pain that is interfering with his ability to complete activities of daily living. He has had poor control of his pain despite multiple medication trials and physical therapy. Due to his persistent, debilitating pain, a trial of diagnostic nerve blocks to the sacroiliac joint is scheduled to relieve his pain and improve his function.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Informed consent is discussed and obtained from the patient. The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The proposed site of the procedure is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injection is prepared. The skin is cleansed with an antiseptic solution, sterile drapes are applied. The skin around the planned entry point is injected with local anesthetic. The universal protocol ("time out") is performed with the care team.

Description of Intra-Service Work: The procedure is performed under fluoroscopic guidance. The L5 dorsal ramus nerve is targeted at the junction of the sacral ala and S1 superior articular process. The S1, S2, and S3 nerves are targeted at the posterior lateral foramen of the S1, S2, and S3 foramen respectively. Under imaging guidance, the target areas are approached by introducing a spinal needle to each of the appropriate fluoroscopic landmarks. After negative aspiration, local anesthetic is deposited at each of the sites. The needle and stylet are removed.

Description of Post-Service Work: The sites are covered with a sterile occlusive dressing. The patient is observed for bleeding or any adverse effects and for evidence of successful block. A procedure note is dictated/written and medical record entries are made.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Scott Horn, DO (SIS); Wesley Ibezebo, MD (SIS); Matthew Greirson, MD (AAPM&R); Marc Leib; MD (ASA); Richard Rosenquist, MD (ASA): Eduardo Fraefield, MD (AAPM): Gregory Polston, MD (AAPM): Vijay Patel, MD (ASIPP); Karin Swartz, MD (NASS); Kano Meyer, MD (NASS)					
Specialty Society(ies):	SIS; AAPM&R; ASA; AAPM; ASIPP; NASS; NANS					
CPT Code:	64451					
Sample Size:	4110	**Resp N:**	72	**Response:** 1.7 %		
Description of Sample:	random sample					

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	10.00	**22.00**	100.00	500.00
Survey RVW:	0.69	1.52	**1.91**	2.50	4.00
Pre-Service Evaluation Time:			**22.50**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	2.00	10.00	**15.00**	26.00	90.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	_____	99291x 99292x
Other Hospital time/visit(s):	_____	99231x 99232x 99233x
Discharge Day Mgmt:	_____	99238x 99239x 99217x
Office time/visit(s):	_____	99211x 12x 13x 14x 15x
Prolonged Services:	_____	99354x 55x 56x 57x
Sub Obs Care:	_____	99224x 99225x 99226x

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	64451	**Recommended Physician Work RVU: 1.52**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64493	000	1.52	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64479	000	2.29	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20611	000	1.10	**RUC Time**	1,001,062

CPT Descriptor 1 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	45,820

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 **% of respondents:** 56.9 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 19.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 64451	**Top Key Reference CPT Code:** 64493	**2nd Key Reference CPT Code:** **64479**
Median Pre-Service Time	9.00	17.00	24.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	7.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**31.00**	**42.00**	**49.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	46%	44%	3%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	54%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	39%	54%
Physical effort required	2%	78%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	46%	52%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	57%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	36%	72%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	14%	65%
Physical effort required	29%	50%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	28%	72%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

64451, Injection(s), anesthetic agent(s) and/or steroid*;* nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) and 64625, Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) are new codes that describe the work involved in treating the nerves around the Sacroiliac (SI) joint. 64451 describes SI Joint nerve treatment by injection and was approved as category I at the October 2018 CPT Editorial Panel meeting and is a 000-day global.

Both 64451 and 64625 were surveyed together by the ASA, AAPM&R, AAPM, ASIPP, NANS, NASS, and SIS for the 2019 January RUC meeting via random sampling of all societies.

Survey Results

There were 72 total respondents, and all 72 agreed with the typical patient vignette. Median experience in past 12 months was 22.

Median survey times were as follows: 22.5 minutes for pre-service evaluation, 7 minutes for pre-service positioning, 7 minutes for pre-service scrub, dress, and wait. Median intra-service time was 15 minutes with 7 minutes immediate post-service time.

25th % Work RVU was 1.52 and the Median Work RVU was 1.91.

Key Reference Services

41 of the 72 respondents choose 64493, Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level which has pre-times of 7/5/5, intra-service time of 15 minutes, and immediate post-service time of 10 minutes, a work RUV of 1.52 and an IWPUT of .068 and 14 of the 72 respondents choose 64479, Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level which has pre-times of 13/5/6, intra-service time of 15 minutes, and immediate post-service time of 10 minutes, a work RVU of 2.29 and an IWPUT of .108.

Recommended Time and Work RVU

An expert panel from all of the surveying societies reviewed the survey data and key reference services and recommends the following times and Work RVU.

We are recommending pre-service package 5, non-facility no anesthesia time (7, 0, 1), with an additional minute for positioning (7, 1, 1). This pre-service package is consistent with other recently and/or currently reviewed nerve treatment by injection codes such as the family of Somatic nerves and the family of Genicular nerves.

We are recommending the survey median intra-service time of 15 minutes.

We are recommending the survey median immediate post-service time of 7 minutes.

Our recommended total time is 31 minutes.

We are recommending the survey median Work RVU of 1.91. The resulting IWPUT is .104.

Comparison to Key Reference Services

CPT Code	Descriptor	Work RVU	Total Time	Total Pre-Time	Intra-Time	IWPUT
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	1.52	42	17	15	0.066
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.9	49	24	15	0.082
6XX00	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	1.91	31	9	15	0.104
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	2.29	49	24	15	0.108

We believe the survey conducted was robust and captured a wide variety of specialists who regularly perform the procedure and who showed a significant amount of recent experience with the procedure. We believe the median survey times and Work RVU are well supported by the key reference services like 64493 and 64483 (3rd most commonly chosen reference service from survey), and 64479. The Work RVU is higher than 64493, the most commonly chosen key reference service, but the expert panel believes it is considerably more work to treat the nerves closer to the SI joint as described by the CPT code descriptor than to treat the lumbar facets as described in 64493 which have well defined anatomical landmarks and are located further away from the joint structure and therefore are less difficult to innervate. Further, the time differences between 64451 and 64493 are a result of current RUC standard pre-time packages which not were used when 64493 was last valued when pre-times were typically the same as the median survey times. The median survey pre-times for 64451 were actually greater than the pre-times for 64493 but were adjusted to pre-service time package 5. And the survey intensity/complexity questions indicated that for many of the components, survey respondents felt 64451 to be more complex or intense than 64493.

We are recommended a work RVU that is essentially identical for 64451 as compared to 64483 with a work RVU of 1.90. 64483 has greater pre-service times, but, similar to 64493, the most recent review of 64483 occurred prior to the use of pre-service time packages and the survey median pre-service times for 64451 were actually greater than 64483 but were adjusted to pre-service package 5.

The recommended work RVU of 1.91 is lower than reference service 64479 which has a work RVU of 2.29, and the same intra-time of 15 minutes, but greater pre-service times as 64479 was last valued prior to the use of pre-service time packages. The IWPUT for 64479 -.0108- is slightly greater than the resulting IWPUT for 64451 -.104- although survey respondents indicated they considered 64451 to be more complex and intense than 64479 for most complexity/intensity questions.

These comparators indicate that the survey median Work RVU of 1.91 with pre-service package 5 (with an additional 1 minute for positioning, intra-service time of 15 minutes, and 7 minutes immediate post-service is the correct Work RVU for 64451 with the appropriate time inputs.

As an additional, final comparison, 64451 when currently performed is billed with CPT code 64450, Injection, anesthetic agent; other peripheral nerve or branch with a work RVU of 0.75. Because 64450 describes a single injection and does not include imaging guidance which is separately reportable and 64451 involves a minimum of injecting 4 nerves and includes imaging guidance, the total work RVUs are 2.15 (.75+.375+.375+.375+.27) which is higher than the median survey work RVU.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Majority of the time 64451 was reported with 64450, Injection, anesthetic agent; other peripheral nerve or branch with a smaller percentage reported with 64493, Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level or 64499, Unlisted procedure, nervous system

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management How often? Commonly

Specialty Inteventional Pain Management How often? Commonly

Specialty Anesthesiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 2500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. estimates crosswalked from CPT code 64493

Specialty Pain Management Frequency 600 Percentage 24.00 %

Specialty Interventional Pain Management Frequency 575 Percentage 23.00 %

Specialty Anesthesiology Frequency 550 Percentage 22.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. estimates crosswalked from CPT code 64493

Specialty Pain Management Frequency 600 Percentage 24.00 %

Specialty Interventional Pain Management Frequency 575 Percentage 23.00 %

Specialty Anesthesiology Frequency 550 Percentage 22.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64493

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64625 Tracking Number Original Specialty Recommended RVU: **3.91**
Presented Recommended RVU: **3.84**
Global Period: 010 Current Work RVU: **N/A** RUC Recommended RVU: **3.39**

CPT Descriptor: Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male has a 5-year history of persistent right sacroiliac joint pain and struggles to complete activities of daily living. He has had poor pain control despite multiple medication trials and physical therapy. Subsequently, a trial of diagnostic nerve blocks was conducted which temporarily relieved his pain and improved his function. He is now scheduled for radiofrequency ablation of the nerves innervating the sacroiliac joint to provide longer term, sustained pain relief.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 29% , In the ASC 38%, In the office 33%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Informed consent is discussed and obtained from the patient. The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The proposed site of the procedure is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injection is prepared. The skin is cleansed with an antiseptic solution, sterile drapes are applied. The skin around the planned entry point is injected with local anesthetic. The universal protocol ("time out") is performed with the care team..

Description of Intra-Service Work: The procedure is performed under fluoroscopic guidance. The L5 dorsal ramus nerve is targeted at the junction of the sacral ala and S1 superior articular process. The S1, S2, and S3 nerves are targeted at multiple points along the posterior lateral foramen of the S1, S2, and S3 foramen respectively. Under imaging guidance, a radiofrequency cannula is guided to the appropriate fluoroscopic landmark. Sensory stimulation is performed. After further anesthetic is injected, radiofrequency ablation is performed at 60 degrees for 150 seconds. The needle and stylet are removed.

Description of Post-Service Work: The sites are covered with a sterile occlusive dressing. The patient is observed for bleeding or any adverse effects and for evidence of successful radiofrequency ablation. A procedure note is dictated/written and medical record entries are made. The patient is discharged after a period of monitoring and when there is independent ambulation. At the follow-up office visit, the patient is examined and treatment success or adverse reactions that may have occurred after the procedure are discussed. Revise the treatment plan(s) as necessary. Dictate notes for the patient's medical record..

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Scott Horn, DO (SIS); Wesley Ibezebo, MD (SIS); Matthew Greirson, MD (AAPM&R); Marc Leib; MD (ASA); Richard Rosenquist, MD (ASA): Eduardo Fraefield, MD (AAPM): Gregory Polston, MD (AAPM): Vijay Patel, MD (ASIPP); Karin Swartz, MD (NASS); Kany Meyer, MD (NASS)					
Specialty Society(ies):	SIS; AAPM&R; ASA; AAPM; ASIPP; NASS; NANS					
CPT Code:	64625					
Sample Size:	4110	**Resp N:**	73	**Response:** 1.7 %		
Description of Sample:	random sample					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	50.00	100.00
Survey RVW:	1.50	3.00	**3.91**	4.25	6.05
Pre-Service Evaluation Time:			**22.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	2.00	20.00	**30.00**	40.00	60.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	64625	**Recommended Physician Work RVU: 3.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**18.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64633	010	3.84	**RUC Time**

CPT Descriptor Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64561	010	5.44	**RUC Time**

CPT Descriptor Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64635	010	3.78	**RUC Time**	314,114

CPT Descriptor 1 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64561	010	5.44	**RUC Time**	15,344

CPT Descriptor 2 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

Other Reference CPT Code	Global	Work RVU	Time Source
46505	010	3.50	**RUC Time**

CPT Descriptor Chemodenervation of internal anal sphincter

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 57 **% of respondents:** 78.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 9.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 64625	**Top Key Reference CPT Code:** 64633	**2nd Key Reference CPT Code:** **64561**
Median Pre-Service Time	19.00	29.00	32.00
Median Intra-Service Time	30.00	30.00	45.00
Median Immediate Post-service Time	7.00	15.00	19.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	0.00
Median Office Visit Time	23.0	23.00	40.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**98.00**	**116.00**	**136.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	34%	61%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	56%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	34%	58%
Physical effort required	2%	26%	72%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	19%	42%	39%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	43%	29%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	57%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	71%	14%
Physical effort required	14%	43%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	43%	43%	14%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

64451, Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) and 64625, Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) are new codes that describe the work involved in treating the nerves around the Sacroiliac (SI) joint. 64625 describes SI Joint nerve treatment by radiofrequency ablation and was approved as category I at the October 2018 CPT Editorial Panel meeting and is a 010-day global.

Both 64451 and 64625 were surveyed together by the ASA, AAPM&R, AAPM, ASIPP, NANS, NASS, and SIS for the 2019 January RUC meeting via random sampling of all societies.

Survey Results

There were 73 total respondents, and 71 of the 73 respondents agreed with the typical patient vignette. Median experience in past 12 months was 10.

Median survey times were as follows: 22 minutes for pre-service evaluation, 7 minutes for pre-service positioning, 7 minutes for pre-service scrub, dress, and wait. Median intra-service time was 30 minutes with 7 minutes immediate post-service time. Survey respondents indicated the most typical site of service to be the Ambulatory Surgical Center (ASC) with the patient being discharged on the same day in 100% of the cases. Survey respondents indicated one post-operative follow up visit in the office setting in the global period at a 99213 level.

25th % Work RVU was 3.00 and the Median Work RVU was 3.91.

Key Reference Services

57 of the 73 respondents choose 64633, Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint which has pre-times of 18/5/6, intra-service time of 30 minutes, and immediate post-service time of 15 minutes, half day discharge, 1 post-operative office visit, 99213, a work RUV of 3.84, and an IWPUT of .044.

7 of the 73 respondents choose 64561, Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed which has pre-times of 13/5/6, intra-service time of 45 minutes, immediate post-service time of 19 minutes, one level 99214 post-operative office visit, a work RVU of 5.44 and an IWPUT of .064.

Recommended Time and Work RVU

An expert panel from surveying societies reviewed the survey data and key reference services and recommends the following times and Work RVU.

We are recommending pre-service package 1-Facility, straightforward patient, no general anesthesia, with a reduction of one minute for scrub, dress, and wait to reflect survey median times (13, 1, 5). This pre-service package is consistent with other recently and/or currently reviewed nerve treatment by injection codes such as the family of Somatic nerves and the family of Genicular nerves.

We are recommending the survey median intra-service time of 30 minutes.

We are recommending the survey median immediate post-service time of 7 minutes with a corresponding reduction from post-service package 7A of -11 minutes to reflect median survey responses. We are also

recommending a half-day discharge-99238 to reflect the typical site of service from the survey, and one post-operative office visit-99213 to reflect the survey responses.

Our recommended total time is 98 minutes.

We are recommending the survey median Work RVU of 3.91. The resulting IWPUT is .060.

Comparison to Key Reference Services

CPT Code	Descriptor	Work RVU	Total Time	Total Pre-Time	Intra-Time	IWPUT	SVY
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	3.84	116	29	30	0.044	SVY
6XX01	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	3.91	98	19	30	0.06	SVY
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	5.44	136	32	45	0.064	SVY

We believe the survey conducted was robust and captured a wide variety of specialists who regularly perform the procedure and who showed a significant amount of recent experience with the procedure. We believe the median survey times and recommended Work RVU are well supported by the key reference service 64633 which was chosen by 78% of the respondents. The recommended Work RVU is slightly higher than 64633, the most commonly chosen key reference service. The expert panel believes it is more work to treat the nerves closer to the SI joint as described by the CPT code descriptor than to treat the cervical or thoracic medial branch nerves as described in 64633 which are which have well defined anatomical landmarks and are located further away from the joint structure and therefore are less difficult to innervate. Further, the time differences between 64625 and 64633 are a result of current RUC standard pre-time packages which were not used when 64633 was last valued when pre-times were typically the same as the median survey times. The median survey pre-times for 64625 were actually greater than the pre-times for 64633 but were adjusted to pre-service time package 1. And the survey intensity/complexity questions indicated that for most of the components, survey respondents felt 64625 to be more complex or intense than 64633.

These comparators indicate that the survey median Work RVU of 3.91 with pre-service package 1 (with a subtraction of 1 minute for scrub, dress and wait, intra-service time of 15 minutes, post-service package 7a with 11 minutes subtracted, a half-day discharge-99238, and one post-operative office visit 99213 are the correct and appropriate Work RVU and times for 64625.

Compelling Evidence Rationale for 64625

Currently, clinicians are reported services described by code 64625 either with code 64640 Destruction by neurolytic agent; other peripheral nerve or branch) or 64633, Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint. Code 64640 is currently being surveyed for this meeting as part of a different tab (tab 10). It was previously surveyed back in 2011. The American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Interventional Pain Physicians (ISIPP), the North American Neuromodulation Society (NANS), the North American Spine Society (NASS) and the Spine Intervention Society (SIS) are submitting compelling evidence for code 64625.

Change in physician work due to change in patient population

There is a change in physician work due to a change in the typical patient. When 64640 was surveyed in 2011, the typical patient had a history of neuritis of the medial calcaneal nerve.

- 64640 Current Vignette: A 50-year-old female has a history of neuritis of the medial calcaneal nerve. Her symptoms, including paresthesia on percussion and ambulation, have failed to improve following administration of multiple conservative treatment modalities. The decision is made to perform a percutaneous alcohol nerve sclerosing (PANS) injection.

In contrast, the typical patient for 64625 is experiencing persistent SI right sacroiliac joint pain.

- 64625 Vignette: A 68-year-old male has a 5-year history of persistent right sacroiliac joint pain and struggles to complete activities of daily living. He has had poor pain control despite multiple medication trials and physical therapy. Subsequently, a trial of diagnostic nerve blocks was conducted which temporarily relieved his pain and improved his function. He is now scheduled for radiofrequency ablation of the nerves innervating the sacroiliac joint to provide longer term, sustained pain relief.

Existing codes are not specific to the SI Joint Nerve RFA procedure where the SI Joint Nerve branches are targeted for radiofrequency ablation. This service is performed on a subset of patients who experienced temporary relief from pain from a previous SI Joint Nerve block procedure.

Change in physician work due to change in technique

There is a change in physician work due to change in technique. The work description for code 64640 describes a single ablation. Code 64625, involves ablation for a minimum of 4 SI joint nerve branches in order to achieve analgesia for the SI Joint.

Specialties surveyed

All of the specialties that currently perform the 64625, were not included in the 2011 survey for 64640. The specialties that surveyed the code in 2011 included podiatry, anesthesia, pain management and interventional pain management. For the new code 64625, the specialty of podiatry does not perform the service and their inclusion would not be appropriate. Additionally, physical medicine and rehabilitation was not included in the 2011 survey. They are included in the 2018 survey along with specialists in neuromodulation (NANS), and spine surgery (NASS).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64640, 64633

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management How often? Commonly

Specialty Inteventional Pain Management How often? Commonly

Specialty Anesthesiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 2000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. estimated crosswalk from 64633

Specialty Pain Management Frequency 560 Percentage 28.00 %

Specialty Interventional Pain Management Frequency 540 Percentage 27.00 %

Specialty Anesthesiology Frequency 520 Percentage 26.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. estimated crosswalk from 64633

Specialty Pain Management Frequency 560 Percentage 28.00 %

Specialty Interventional Pain Management Frequency 540 Percentage 27.00 %

Specialty Ansethsiology Frequency 520 Percentage 26.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64633

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: RadioFrequncy Neurotomy Sacroliliac Joint

TAB: 8

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	-inpt/same 32	-inpt/same 38	FAC-obs 26	FAC-obs 25	FAC-obs 17	Office 15	Office 14	Office 13	Office 12	Office 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	41	0.066			1.52			42	7	5	5			15			10															
2nd REF	64479	Injection(s), anesthetic agent andor steroid, transforaminal epidural, with imaging guidance (fluroscopy or CT); lumbar or sacral, single level	14	0.108			2.29			49	13	5	6			15			10															
CURRENT	64451			#DIV/0!						0																								
SVY	64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	72	0.073	0.69	1.52	1.91	2.50	4.00	54.5	22.5	5	5	2	10	15	26	90	7											0	10	22	100	500
Revised Rec		25th % Survey work RVU		0.061			1.52			45	17	1	5			15			7															

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	-inpt/same 32	-inpt/same 38	FAC-obs 26	FAC-obs 25	FAC-obs 17	Office 15	Office 14	Office 13	Office 12	Office 11	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	57	0.044			3.84			116	18	5	6			30			15		0.5						1								
2nd REF	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	7	0.064			5.44			136	22	5	5			45			19							1								
CURRENT	64625			#DIV/0!						0																								
SVY	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	73	0.050	1.50	3.00	3.91	4.25	6.05	111	22	5	5	2	20	30	40	60	7		0.5						1			0	5	10	50	500
Revised Rec		cross walk to 67105		0.042			3.39			98	13	1	5			30			7		0.5						1							

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

Global Period: 0 days (64451) 010 days (64625) Meeting Date: January 2019

64451: Injection(s), anesthetic agent(s) and/or steroid*;* nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

64625: Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Code 64451: Using the current direct PE inputs of code 64493 as the reference code. 64493 was the primary reference code from the RUC survey.
   Code 64625: Using the current direct PE inputs of code 64633 as the reference code. 64633 was the primary reference code from the RUC survey.

3. Is this code(s) typically billed with an E/M service? *No*

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

Code 64625: Table, exam (default formula)

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item:

Code	Description	Explanation
CA002	Coordinate pre-surgery services (including test results)	Staff ensures all clinicians and providers have the relevant test results and other necessary components to delivery service
CA003	Schedule space and equipment in facility	Staff schedules and reviews space in facility as well as necessary equipment for performance of the procedure
CA005	Complete pre-procedure phone calls and prescription	Staff explains where to come for the appointment, checks medications, runs through list of medical conditions, makes sure the patient is off anti-coagulation drugs, confirms if patient uses BP medications, walks the patient through the procedure, confirms whether a driver is available for a ride home and answers patient questions.
CA006	Confirm availability of prior images/studies	Staff review medical records and confirm that all relevant prior images and studies are available for provider and obtains prior images and studies when necessary
CA039	Post-operative visits (total time)	
EF023	Table, exam	Used during follow-up procedure
EQ354	Radiofrequency kit for destruction by neurolytic agent	Used for the destruction procedure

CPT Code:__64451, 64625_____
Specialty Society__ASA, AAPM&R, AAPM, ASIPP, SIS, NASS, NANS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

64451: Injection(s), anesthetic agent(s) and/or steroid*;* nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

64625: Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)

Global Period: 0 days (64451) 010 days (64625) Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Code 64451: Using the current direct PE inputs of code 64493 as the reference code. 64493 was the primary reference code from the RUC survey.
   Code 64625: Using the current direct PE inputs of code 64633 as the reference code. 64633 was the primary reference code from the RUC survey.

3. Is this code(s) typically billed with an E/M service? *No.*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No.*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility?
   Codes 64451 and 64625: New codes- N/A

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Codes 64451 and 64625: New codes- N/A

   Is the dominant provider in the nonfacility different then for the global?
   Codes 64451 and 64625: New codes- N/A

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   Codes 64451 and 64625: N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: BP, RR, Pulse, Temp, O2 sat.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

Code 64451:

Technologist PACS workstation	*PACS*
mayo stand	*Default*
table, fluoroscopy	*Default*
room, mobile c-ARM	*Highly technical*
ECG, 3-channel (with SpO2, NIBP, temp, resp)	*Other*
light, exam	*Default*

The formula for ECG, 3-channel is the sum of the values included in the default formula, plus the time that the patient is monitored post-service of the service period.

Code 64625

Technologist PACS workstation	*PACS*
mayo stand	*Default*
table, fluoroscopy	*Default*
ECG, 3-channel (with SpO2, NIBP, temp, resp)	*Other*
light, exam	*Default*
nerve stimulator (eg, for nerve block)	*Default*
radiofrequency generator (NEURO)	*Default*
radiofrequency kit for destruction by neurolytic agent	*Default*

The formula for ECG, 3-channel is the sum of the values included in the default formula, plus the time that the patient is monitored post-service of the service period.

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

18. Please include an explanation of each line item:

Code	Description	Explanation
CA005	Complete pre-procedure phone calls and prescription	Staff explains where to come for the appointment, checks medications, runs through list of medical conditions, makes sure the patient is off anti-coagulation drugs, confirms if patient uses BP medications, walks the patient through the procedure, confirms whether a driver is available for a ride home and answers patient questions.
CA006	Confirm availability of prior images/studies	
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	

CA010	Obtain vital signs	Blood pressure, respiratory rate, pulse, temperature, O2 saturation are all measured
CA011	Provide education/obtain consent	Patient and/or caregiver education on procedure, risks, complications, and requirements; obtain consent signature/approval subsequent to education
CA013	Prepare room, equipment and supplies	Separate preparations are made by the nursing and rad tech staff for the XX00 and XX01 codes
CA014	Confirm order, protocol exam	Confirm order is correct
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	For both the XX00 and XX01, initiate IV, assist in patient positioning and monitor patient IV feed, and patient position
CA018	Assist physician or other qualified healthcare professional - directly	For the XX00 and XX01 codes, this is completed by both the nurse and the rad tech
CA022	Monitor the patient following procedure/service, multitasking 1:4	Patient is monitored for 20 minutes while multitasking (total of 5 minutes)
CA024	Clean room/equipment by clinical staff	Room and equipment are cleaned after patient encounter
CA029	Check dressings, catheters, wounds	Patient's dressings and wounds checked
CA030	Technologist QCs images in PACS, checking for all images, reformats, and dose page	Images are required for the XX00 and XX01 codes
CA031	Review examination with interpreting MD/DO	Images are required for the XX00 and XX01 codes
CA032	Scan exam documents in PACS. Complete exam in RIS system to populate images into work queue	Images are required for the XX00 and XX01 codes
CA035	Review home care instructions, coordinate visits/prescriptions	Post procedure review of care instructions with patient and/or caregiver and coordination of future visits and related precriptions
CA039	Post-operative visits (total time)	
SB001	Cap, surgical	Sterile attire for the MD. For the destruction codes, a cap is also required for the nurse and rad tech.
SB024	Gloves, sterile	Sterile attire for the MD
SB028	Gown, surgical, sterile	Sterile attire for the MD
SB033	Mask, surgical	Sterile attire required for the MD and other staff present in the room
SB027	Gown, staff, impervious	Sterile attire for staff
SB022	Gloves, non-sterile	Sterile attire for staff
SK075	Skin marking pen, sterile (Skin Skribe)	Used to mark injection sites
SB026	Gown, patient	Used to cover patient while allowing access to injection site.
SB004	Cover, thermometer probe	Used for taking vitals
SB036	Paper, exam table	
SB044	Underpad 2ft x 3ft (Chux)	Used under patient to collect fluid that may drain during the procedure to the table

SB037	Pillow case	Two pillows are needed for the XX00 and XX01 procedures – one under the head and one between the knees
SJ081	Swab, patient prep, 1.5 ml (chloraprep)	Used to prep the injection sites
SB011	Drape, sterile, fenestrated 16in x 29in	
SB019	Drape-towel, sterile 18in x 26 in	
SB008	Drape, sterile, c-arm, fluoro	Used only for the XX00 and XX01 codes that require fluoroscopic guidance
SD269	Grounding pad	
SB012	Drape, sterile, for Mayo stand	Used to hold supplies during the procedures
SC051	Syringe 10-12ml	Used for the anesthetic and injectate for XX00 and XX01
SH047	Lidocaine 1%-2% inj (Xylocaine)	Local anesthetic –for XXX000 and XXX000 (4 nerves) 10cc are used as anesthetic only.
SD050	Electrode needle, injectable (Myoject)	
SD087	Guide, needle, for localization	
SD011	Cannula (radiofrequency denervation) (SMK-C10)	Used for denervation procedures
SC028	Needle, 18-26g, 1.5-3.5in, spinal	Used for injectate for XX00 code
SH021	Bupivacaine 0.25% inj (Marcaine)	Injectate, increased amount required for XX00 and XX01 to account for 4 nerves.
SJ001	Alcohol isopropyl 70%	Used to clean skin post-procedure
SG021	Bandage, strip 0.75in x 3in (Bandaid)	Used post-procedure for site(s) of injection
SG056	Gauze, sterile 4in x 4in (10 pack)	Used for multiple injections (XX00 and XX01)
SL259	Bleach cleaning wipe	Used to clean the table
EF024	Table, fluoroscopy	Used for image guided procedures XX00 and XX01
EL018	Room, mobile c-Arm	Used for injection procedure XX00
EQ354	Radiofrequency kit for destruction by neurolytic agent	Used for destruction procedure XX01
EQ168	Light, exam	
ED050	Technologist PACS workstation	Used for capturing and storing images for the XX00 and XX01 codes
EQ214	Radiofrequency generator (NEURO)	Used during denervation procedure XX01
EQ184	Nerve stimulator (eg, for nerve block)	Used during denervation procedure XX01
EF015	Mayo stand	Used to hold supplies for the procedures
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	Used both during the procedures and during monitoring time

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**64493**		**64451**		**64633**		**64625**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 8: RFA Neurotomy Sacroiliac Joint Specialty: ASA, AAPMR, AAPM, ASIPP, SIS, NANS, NASS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level		Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 61.74**	**$ 8.88**	**$ 95.03**	**$ 4.07**	**$ 93.50**	**$ 21.41**	**$251.70**	**$ 17.57**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**67.0**	**24.0**	**68.0**	**11.0**	**106.0**	**57.0**	**134.0**	**47.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**11.0**	**21.0**	**5.0**	**11.0**	**11.0**	**21.0**	**5.0**	**11.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**53.0**	**0.0**	**63.0**	**0.0**	**59.0**	**0.0**	**93.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**0.0**	**0.0**	**36.0**	**36.0**	**36.0**	**36.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 24.79**	**$ 8.88**	**$ 26.04**	**$ 4.07**	**$ 39.22**	**$ 21.09**	**$ 51.06**	**$ 17.39**
13	**PRE-SERVICE PERIOD**												
14		**Start: Following visit when decision for surgery or procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37								
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				3				3
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				3				3
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37								
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37			3	3			3	3
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37			2	2			2	2
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37								
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37	11	21			11	21		
29		**End: When patient enters office/facility for surgery/procedure**											
30	**SERVICE PERIOD**												
31		**Start: When patient enters office/facility for surgery/procedure:**											
32		**Pre-Service (of service period)**											
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37			3				3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37			5				5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37			2				2	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37								
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37			2				2	
38	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.41			2				2	
39	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37			1				1	
40	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37								
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37			2				2	
42	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37								
49		**Intra-service (of service period)**											
50	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37			15				30	
51	CA018	Assist physician or other qualified healthcare professional---directly	L041B	Radiologic	0.41			15				30	
52	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37								
53	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37								
54	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	53				59			
61		**Post-Service (of service period)**											
62	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			5				5	
63	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37								
64	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37			3				3	
65	CA025	Clean scope	L037D	RN/LPN/MTA	0.37								
66	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37								

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**64493**		**64451**		**64633**		**64625**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 8: RFA Neurotomy Sacroiliac Joint Specialty: ASA, AAPMR, AAPM, ASIPP, SIS, NANS, NASS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level		Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 61.74**	**$ 8.88**	**$ 95.03**	**$ 4.07**	**$ 93.50**	**$ 21.41**	**$251.70**	**$ 17.57**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**67.0**	**24.0**	**68.0**	**11.0**	**106.0**	**57.0**	**134.0**	**47.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**11.0**	**21.0**	**5.0**	**11.0**	**11.0**	**21.0**	**5.0**	**11.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**53.0**	**0.0**	**63.0**	**0.0**	**59.0**	**0.0**	**93.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**0.0**	**0.0**	**36.0**	**36.0**	**36.0**	**36.0**
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37								
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37								
69	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37			1				1	
70	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Angio Tech	0.41			2				2	
71	CA031	Review examination with interpreting MD/DO	L041B	Angio Tech	0.41			2				2	
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Angio Tech	0.41			1				1	
73	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37								
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37								
75	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37			2				2	
76	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**	
83		**End: Patient leaves office**											
84		**POST-SERVICE PERIOD**											
85		**Start: Patient leaves office/facility**											
86	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37								
87	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37	3	3			36	36		
88		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
89		99211 16 minutes	16										
90		99212 27 minutes	27										
91		99213 36 minutes	36									1	1
92		99214 53 minutes	53										
93		99215 63 minutes	63										
94	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**36.0**	**36.0**
101		**End: with last office visit before end of global period**											

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1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**											
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 61.74**	**$ 8.88**	**$ 95.03**	**$ 4.07**	**$ 93.50**	**$ 21.41**	**$251.70**	**$ 17.57**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**67.0**	**24.0**	**68.0**	**11.0**	**106.0**	**57.0**	**134.0**	**47.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**11.0**	**21.0**	**5.0**	**11.0**	**11.0**	**21.0**	**5.0**	**11.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**53.0**	**0.0**	**63.0**	**0.0**	**59.0**	**0.0**	**93.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**0.0**	**0.0**	**36.0**	**36.0**	**36.0**	**36.0**
102	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 5.42**	**$ -**	**$ 54.89**	**$ -**	**$ 45.94**	**$ -**	**$ 164.08**	**$ -**
104	SA041	pack, basic injection	11.365	pack		1				1			
105	SA048	pack, minimum, multi-specialty visit	2.1122	pack		1				2			
106	SB001	cap, surgical	0.4417	item				1				3	
107	SB008	drape, c-arm flouro	4.723	item						1			
108	SB024	gloves, sterile	0.8575	pair				1				1	
109	SB028	gown, surgical, sterile	4.7858	item				1				1	
110	SB033	mask, surgical	0.1745	item				3				3	
111	SB027	gown, staff, impervious	1.186	item				1				1	
112	SB022	gloves, non-sterile	0.138	pair				1				2	
113	SK075	skin marking pen, sterile (Skin Skribe)	1.191	item				1				1	
114	SB026	gown, patient	0.547	item				1				1	
115	SB004	cover, thermometer probe	0.0835	item				1				1	
116	SB036	paper, exam table	0.014	foot				7				7	
117	SB044	underpad 2ft x 3ft (Chux)	0.2525	item				1				1	
118	SB037	pillow case	0.3478	item				2				2	
119	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.0525	item				2				2	
120	SB011	drape, sterile, fenestrated 16in x 29in	0.5753	item									
121	SB019	drape-towel, sterile 18in x 26in	0.329	item				4				4	
122	SB008	drape, sterile, c-arm, fluoro	4.723	item		1		1				1	
123	SD269	Grounding pad	2.5925	item				0		1		1	
124	SB012	drape, sterile, for Mayo stand	1.5335	item				1				1	
125	SC029	needle, 18-27g	0.0767	item		1		1				1	
126	SC051	syringe 10-12ml	0.1905	item		1		2		1		2	
127	SH047	lidocaine 1%-2% inj (Xylocaine)	0.0413	ml				10				10	
128	SD050	electrode needle, injectable (Myoject)	21.2725	item								1	
129	SD087	guide, needle, for localization	13.385	item				1		1		1	
130	SD011	cannula (radiofrequency denervation) (SMK-C10)	24.8075	item						1		4	
131	SC028	needle, 18-26g 1.5-3.5in, spinal	4.9755	item				3					
132	SC055	syringe 3ml	0.1345	item						1			
133	SC057	syringe 5-6ml	0.145	item				0				0	
134	SH021	bupivacaine 0.25% inj (Marcaine)	0.3155	ml		1		5				5	
135	SH022	bupivacaine 0.5% inj (Marcaine)	0.11	ml		1		5		1		5	
136	SJ001	alcohol isopropyl 70%	0.009	ml				5				5	
137	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.1347	item				3				3	
138	SG055	gauze, sterile 4in x 4in	0.167	item									
139	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.899	item				1				1	
140	SL259	Bleach cleaning wipe	0.8775	item				2				2	

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6		**GLOBAL PERIOD**											
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10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**53.0**	**0.0**	**63.0**	**0.0**	**59.0**	**0.0**	**93.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**	**0.0**	**0.0**	**36.0**	**36.0**	**36.0**	**36.0**
141		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*											
143	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
144		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 31.53**	**$ -**	**$ 14.10**	**$ -**	**$ 8.34**	**$ 0.32**	**$ 36.56**	**$ 0.18**
145	ED031	printer, dye sublimation (photo, color)	7360.4182	Default	0.029163421	19		0		38			
146	ED032	printer, laser, paper	1152.8125	Default	0.004567669	19		0				0	
147	ED050	Technologist PACS workstation	5557	Default	0.022017924	19		36				51	
148	EF018	stretcher	3460.01	Default	0.009181908	40				59			
149	EF024	table, fluoroscopy	227650.733	Default	0.46429447			0				0	
150	EF031	table, power	6091.913		0.016166271			36				51	
151	EF023	table, exam	2188.0593	Office Visits	0.004867106					36	36	0	36.0
152	EL018	room, mobile c-ARM	151200	Highly Technical	0.572899695	53		22				37	
153	EQ211	pulse oximeter w-printer	1424.36		0.00459731					38			
154	EQ354	radiofrequency kit for destruction by neurolytic agent	2695	Default	0.040425					38		164	0.0
155	EQ168	light, exam	1530.8117	Default	0.004062356			36		36	36	51	
156	ED050	Technologist PACS workstation	5557	PACS	0.022017924	53		0		59		0	
157	EQ214	radiofrequency generator (NEURO)	34018.25	Default	0.131825045					38		51	
158	EQ184	nerve stimulator (eg, for nerve block)	572.3	Default	0.001847174							0	
159	EF015	mayo stand	528.771	Default	0.001176195			36				51	
160	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	4026.625	Other Formula	0.012996464			56				71	
161		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Different Performing Specialty from Survey*

January 2019

Lumbar Puncture – Tab 9

In October 2017, these services were identified as being performed by a different specialty than the specialty that originally surveyed this service. In January 2018, the RUC recommended that these services be referred to CPT to bundle image guidance. At the September 2018 CPT Editorial Panel meeting, the Panel created two new codes to bundle diagnostic and therapeutic lumbar puncture with fluoroscopic or CT image guidance and revised the existing diagnostic and therapeutic lumbar puncture codes so they would only be reported without fluoroscopic or CT guidance.

Compelling Evidence
The specialty societies indicated and the RUC agreed that there is compelling evidence that the physician work has changed for code 62270 based on a different performing specialty from the survey. When code 62270 was last surveyed in 2005, the primary specialty conducting that survey was pediatrics, with a letter of support from diagnostic radiology. Diagnostic radiology was at the time and continues to be the top performing specialty for code 62270. However, with CPT's creation of codes including imaging guidance, it is anticipated that emergency medicine will now be the dominant provider of code 62270. In 2005, code 62270 was reviewed as potentially misvalued and increased 21% from 1.13 to 1.37, and family code 62272 was not reviewed. This resulted in a rank order anomaly where code 62272 is now valued less than code 62270. The RUC agreed that there is compelling evidence for code 62270 because a different specialty will perform this service compared from when the service was last surveyed and rank order anomaly in the family of codes.

Therapy and Diagnosis
In a diagnostic lumbar puncture, approximately 8-10 cc of cerebral spinal fluid (CSF) is withdrawn from the thecal sac for diagnostic purposes. In a diagnostic lumbar puncture, the CSF is needed for a range of diagnostic purposes such as to assess for causes of infection or inflammation or to assess whether the patient has leptomeningeal spread of tumor. The patient population for a therapeutic lumbar puncture is different. The typical patient is a female patient with pseudotumor cerebri. Many of these patients can have visual symptoms because of the increased intracranial pressure compromising the optic nerves. Emergent decompression with drainage of CSF is required to preserve vision. When removing this larger volume of CSF, typically >20 cc of fluid, patients are often symptomatic. The physician will often need to make decisions about if it is safe to continue the removal of CSF. In addition, multiple needle manipulations will occur when the CSF stops flowing. The needle will have to be advanced or rotated while ensuring the needle is in the correct positioning. Often the patient's positioning will have to be adjusted to ensure the flow of CSF. During these adjustments, patients will often have symptoms such as radicular pain or paresthesia that physicians monitor and use to make decisions about whether positioning of needle is correct or when the procedure should end.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

As such, the complexity of therapeutic lumbar tap is increased over a diagnostic tap for the following reasons: 1) There is increased time involved in draining more fluid over a diagnostic tap. 2) Additional physical effort is required in the additional patient position and needle manipulations. 3) Mental effort and judgement is also increased because of the additional patient positioning and manipulation and also deciding if it is safe to continue to remove additional CSF. 4) Finally, there is additional psychological stress because of the increased risk of complications due to the larger amount of CSF removed and the increased possibility of patient pain.

62270 ***Spinal puncture, lumbar, diagnostic***
The RUC reviewed the survey results from 77 physicians and recommends the following physician time components: 12 minutes of pre-service time, 15 minutes of intra-service time, and 5 minutes of post-service time. The RUC noted that the survey 25th percentile work RVU of 2.10 and the survey median work RVU of 2.52 overestimated the work required to perform this service. Therefore, the specialty society recommended and the RUC agreed that CPT code 62270 should be crosswalked to MPC code 12004 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm* (work RVU= 1.44, pre-service time of 7 minutes, intra-service time of 17 minutes, and post-service time of 5 minutes). These services require the same physician work and similar intra-service time. The RUC agreed that although the current times of CPT code 62270 have changed, the overall intensity and complexity has increased due to expected change in dominant specialty to emergency medicine. The RUC agreed that the recommended work RVU of 1.44 for the surveyed code maintains relativity within the lumbar puncture family. **The RUC recommends a work RVU of 1.44 for CPT code 62270.**

62328 ***Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance***
The RUC reviewed the survey results from 101 physicians and recommends the following physician time components: 23 minutes of pre-service time, 18 minutes of intra-service time, and 5 minutes of post-service time for code 62328. The RUC determined that the survey 25th percentile work RVU of 1.95 appropriately accounts for the work required to perform this service.

The RUC compared the survey code to the second key reference code 64483 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* (work RVU= 1.90, pre-service time of 24 minutes, intra-service time of 15 minutes, and post-service time of 10 minutes), noting that CPT code 62328 requires slightly more intra-service time because it requires more time to drain the CSF compared to an injection. Additionally, based on the survey respondents, CPT code 62328 requires identical to somewhat more overall intensity and complexity than code 64483, justifying the slightly higher work RVU of 0.05. For additional support, the RUC compared the survey code to CPT code 49084 *Peritoneal lavage, including imaging guidance, when performed* (work RVU= 2.00 and intra-service time of 20 minutes) and noted that these services require similar physician work and time to perform. The RUC noted that the survey code is appropriately bracketed by codes 64483 and 49084 in terms of intra-service time and work RVUs. The RUC also agreed that the recommended work RVU of 1.95 places this service in the proper rank order with CPT code 62270, which does not include guidance, and in relation to the therapeutic spinal puncture codes. **The RUC recommends a work RVU of 1.95 for CPT code 62328.**

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62272 ***Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);***
The RUC reviewed the survey results from 31 physicians and recommends the following physician time components: 22 minutes of pre-service time, 15 minutes of intra-service time, and 15 minutes of immediate post-service time for CPT code 62272. The RUC determined the survey 25th percentile work RVU of 1.80 correctly accounts for the physician work involved in this service.

To justify a work RVU of 1.80, the RUC compared the survey code to the second key reference code 64490 *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level* (RVU= 1.82 and intra-service time of 15 minutes) and noted that both services require the same intra-service time and similar amount of physician work. The RUC agreed that the survey code is adequately valued at 1.80 considering that the survey respondents indicated that the survey code is somewhat more intense and complex than code 64490. Additionally, the RUC reviewed code 62323 *Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)* (work RVU=1.80 and intra-service time of 15 minutes) and noted that the survey code and the comparator code have identical intra-service times. The RUC agreed that the recommended work RVU of 1.80 for the surveyed code maintains relativity within the lumbar puncture family. **The RUC recommends a work RVU of 1.80 for CPT code 62272.**

62329 ***Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance***
The RUC reviewed the survey results from 131 physicians and recommends the following physician time components: 23 minutes of pre-service time, 20 minutes of intra-service time, and 10 minutes of immediate post-service time for CPT code 62329. The RUC determined the survey median work RVU of 2.25 appropriately accounts for the work required to perform this service.

To justify a work RVU of 2.25, the RUC compared the survey code to CPT code 32555 *Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance* (work RVU= 2.27 and intra-service time of 20 minutes) and noted that these services require the same intra-service time and similar physician work. For support, the RUC referenced similar service 43216 *Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps* (work RVU= 2.30 and intra-service time of 22 minutes) and noted that these services require similar physician work and time to perform. The RUC also agreed that the recommended work RVU of 2.25 places this service in the proper rank order with CPT code 62272, which does not include guidance, and in relation to the diagnostic spinal puncture codes. **The RUC recommends a work RVU of 2.25 for CPT code 62329.**

Practice Expense
The Practice Expense (PE) Subcommittee removed the pre-service clinical staff time in the facility setting because the service is a 000-day global code. The Subcommittee decreased clinical staff time in the non-facility setting for code 62270 to eliminate overlap with Evaluation and Management (E/M) services, and made minor corrections to the equipment time. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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New Technology/New Services
The RUC recommends that CPT codes 62328 and 62329 be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery/Nervous System **Spine and Spinal Cord** **Injection, Drainage, or Aspiration** Injection of contrast during fluoroscopic guidance and localization is an inclusive component of 62263, 62264, 62267, ~~62270, 62272~~, 62328, 62329, 62273, 62280, 62281, 62282, 62302, 62303, 62304, 62305, 62321, 62323, 62325, 62327. Fluoroscopic guidance and localization is reported with 77003, unless a formal contrast study (myelography, epidurography, or arthrography) is performed, in which case the use of fluoroscopy is included in the supervision and interpretation codes or the myelography via lumbar injection code. Image guidance and the injection of contrast are inclusive components and are required for the performance of myelography, as described by codes 62302, 62303, 62304, 62305.				
▲62270	T1	Spinal puncture, lumbar, diagnostic;	000	1.44
●62328	T2	with fluoroscopic or CT guidance (Do not report 62270, 62328 in conjunction with 77003, 77012) (If ultrasound or MRI guidance is performed, see 76942, 77021)	000	1.95
▲62272	T3	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	000	1.80
●62329	T4	with fluoroscopic or CT guidance (Do not report 62272, 62329 in conjunction with 77003, 77012) (If ultrasound or MRI guidance is performed, see 76942, 77021)	000	2.25

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62273 *Injection, epidural, of blood or clot patch*

Catheter Implantation

(For percutaneous placement of intrathecal or epidural catheter, see 62270, 62328, 62272, 62329, 62273, 62280, 62281, 62282, 62284, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)

62350 *Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy*

Radiology
Radiological Guidance
Fluoroscopic Guidance

✚*77003* *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)*

(Use 77003 in conjunction with 61050, 61055, 62267, ~~62270, 62272~~, 62273, 62280, 62281, 62282, 62284, 64510, 64517, 64520, 64610, 96450)

(Do not report 77003 in conjunction with 62270, 62328, 62272, 62329, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)

Computed Tomography Guidance

77012 *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*

(Do not report 77011, 77012 in conjunction with 22586)

(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32554, 32555, 32556, 32557, 62270, 62328, 62272, 62329, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0232T, 0481T)

(For harvesting, preparation, and injection[s] of platelet-rich plasma, use 0232T)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62270 Tracking Number

Original Specialty Recommended RVU: **1.47**
Presented Recommended RVU: **1.44**
RUC Recommended RVU: **1.44**

Global Period: 000 Current Work RVU: **1.37**

CPT Descriptor: Spinal puncture, lumbar, diagnostic

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 25-year-old female presents with fever and severe headache.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the risks and benefits of the recommended lumbar puncture. Obtain informed consent. Place the patient on a monitoring device, position and restrain as necessary. Prepare the lumbar spine and using antimicrobial agent and drape the surrounding area. Using palpation, identify the area for the lumbar puncture and anesthetized using local anesthesia, changing needles for deeper infiltration.

Description of Intra-Service Work: Insert a spinal needle and advance until cerebrospinal fluid is obtained, repositioning as necessary. Attach a pressure gauge to the spinal needle. Obtain cerebrospinal fluid samples in sterile tubes to be sent for analysis. Then withdraw the needle and apply direct pressure for one minute. Apply a bandage and place the patient placed on his or her back.

Description of Post-Service Work: Observe the patient for any postprocedural complications. Counsel patient and/or family about possible headaches and how to manage them. Treat post-procedural spinal headache as necessary. Complete a detailed procedural note and write orders directing analysis of the cerebrospinal samples.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Jordan Celeste, MD, FACEP		
Specialty Society(ies):	American College of Emergency Physicians		
CPT Code:	62270		
Sample Size:	244	**Resp N:** 77	**Response:** 31.5 %
Description of Sample:	Random sample of current ACEP members		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	15.00	70.00
Survey RVW:	0.69	2.10	**2.52**	3.20	6.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**4.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	62270	**Recommended Physician Work RVU: 1.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**33.00**	**-28.00**
Pre-Service Positioning Time:		**4.00**	**3.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**3.00**	**15.00**	**-12.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**21.00**	**-16.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12044	000	3.19	**RUC Time**

CPT Descriptor Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12041	000	2.10	**RUC Time**

CPT Descriptor Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12013	000	1.22	**RUC Time**	50,886

CPT Descriptor 1 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12004	000	1.44	**RUC Time**	22,716

CPT Descriptor 2 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 22.0 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 19.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 62270	Top Key Reference CPT Code: 12044	2nd Key Reference CPT Code: **12041**
Median Pre-Service Time	15.00	14.00	14.00
Median Intra-Service Time	15.00	45.00	21.00
Median Immediate Post-service Time	5.00	10.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**69.00**	**43.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	41%	29%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	11%	89%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	41%	58%
Physical effort required	23%	58%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	11%	89%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	86%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	7%	93%
Physical effort required	0%	77%	23%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 62270 was targeted for review as part of a revaluation of its code family due to the recent adoption of new codes by CPT that differentiate between lumbar punctures performed with or without imaging.

ACEP surveyed a random selection of 244 members with 77 responses.

Compelling Evidence

The last time that Code 62270 was surveyed in 2005, the primary specialty conducting that survey was pediatrics, with a letter of support from diagnostic radiology. Since the previous survey, there has been a change in the dominant specialty, as evidenced by the utilization data. This service was reported 81,867 times in the 2017 Medicare database, with emergency medicine accounting for 17.56% - currently the second highest provider of the service, with diagnostic radiology as the current dominant provider of code 62270, approaching 50% utilization in the Medicare database. However, with CPT's creation of codes including imaging guidance, it is anticipated that emergency medicine will now be the dominant provider of code 62270.

The survey results support increasing the work value of 62270. The majority of respondents thought the overall intensity and complexity of code 62270 was somewhat (41%) or much more (29%) than that of the top KRS, 12044. The wRVU and times for 12044 exceed those of 62270, however – and when considering 62270 as part of its new code family, the median value, as well as even the 25th percentile, are likely too high.

Key Reference Codes

KRS	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	**3.19**	0.0499	**69**	14	**45**	10
62770	Spinal Puncture lumbar, diagnostic	**1.45**	0.070	**35**	15	**15**	5
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	**2.10**	0.0571	**43**	14	**21**	8

Previous RUC rationale has indicated that 62270 should not exceed code 62284, which is unchanged since 2005 with wRVU of 1.54 and times of 24/15/10 and IWPUT of 0.0576.

Previous RUC rationale also indicates that the work of 62270 closely approximates, but is not equivalent to, code 27096 (Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid) with a current RUC wRVU value of 1.48 and times of 17/11/10.

The physician work represented by code 62270 has increased since the last survey. The former dominant provider was pediatrics, so their patient population is obviously comprised of children – a change in that population to older children allowed for an increase in the wRVU on the 2005 RUC survey. With emergency medicine as the new dominant provider, the patient population is now much broader, representing the continuum of patients from newborns to elderly adults. As such, the indications for code 62270 are extensive as well. The procedure is employed in the evaluation of multiple chief complaints, including but not limited to, headache, altered mental status, and fever of unknown origin - with timely, emergent diagnosis required for such concerning pathology as CNS infection and subarachnoid hemorrhage. Emergency medicine represents a unique practice setting, such as potentially altered or combative patients, anticoagulation or other hematologic derangements, and the potential for interruptions or other emergency patients to require emergent attention.

While the times of 27096 (17/11/10) correlate well with those of the 62270 survey (17/15/5). Emergency medicine also recognizes that the code will almost always be billed with an E/M code, and as such recommends additional preservice time be removed. Although the intra service descriptor used in the survey from the RUC database contains traditional preservice activity such as positioning the patient.

We had previously recommended a value based on a direct crosswalk to code 51703 (Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon) with a wRVU of 1.47 and times of 20/15/10 and an IWPUT of 0.0580, which was last surveyed in 2016. It is a similar service in that they require a high level of physician skill on a patient that is awake and uncomfortable. Although the pre and post times of code 51703 are longer, the spinal puncture is more intense procedure, performed as an emergent procedure in the ED.

Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon	**1.47**	0.0580	**45**	20	**15**	10
62270	Spinal Puncture Lumbar, diagnostic	**1.47**	0.071	**35**	15	**15**	5

However, at prefacilitation the reviewers strongly suggested that code 12004, one of our MPC comparators, was a better direct crosswalk based on time and intensity. That code, a simple laceration repair, is frequently performed

by emergency physicians and we are comfortable with that crosswalk. It reduces the work RVU and IWPUT and would maintain relatively across the rest of the codes in the lumbar puncture family.

Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	**1.44**	0.0697	**29**	7	**17**	5
62270	Spinal Puncture Lumbar, diagnostic	**1.44**	0.069	**35**	15	**15**	5

MPC Comparison

MPC	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	**1.22**	0.0644	**27**	7	**15**	5
62270	Spinal Puncture Lumbar, diagnostic	**1.44**	0.069	**35**	15	**15**	5
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	**1.44**	0.0697	**29**	7	**17**	5

We recommend 62270 be valued at 1.44 with listed times of 15/15/5 and an IWPUT of 0.069.

Practice expense inputs were included in the spreadsheet for the entire family submitted by ACR.

Although the code remains the same for PLI, because the specialty utilization mix will change we recommend a crosswalk to code 30901 (Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method) with current PLI RVUs of 0.16 as opposed to 0.19 for 62270. Emergency medicine reported this code 31.21 percent of the time according to the 2017 Medicare database.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) An E/M code with a -25 modifier appended is typically reported on the same day of service.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. If an ED E/M code is reported on the same day, it will be an XXX code with the OOO global period procedure.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 81867

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Emeregncy Medcine How often? Commonly

Specialty Neuorlogy How often? Sometimes

Specialty Physician Assisatnts How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 105380
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Assuming Medciare patients account for 25 percent of code reporting

Specialty Emeregncy Medcine Frequency 57504 Percentage 5.45 %

Specialty Neurology Frequency 29440 Percentage 2.79 %

Specialty Physician Assistants Frequency 18436 Percentage 1.74 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 26,345 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Adjusting current Medicare data witout Diagnostic Radilogy included in the utilization.

Specialty Emergency Medicine Frequency 14376 Percentage 54.56 %

Specialty Neurology Frequency 7360 Percentage 27.93 %

Specialty Physician Assistants Frequency 4609 Percentage 17.49 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 62270

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62328 Tracking Number T2 Original Specialty Recommended RVU: **1.95**
Presented Recommended RVU: **1.95**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **1.95**

CPT Descriptor: Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female with severe degenerative disk disease, scoliosis and prior failed bedside lumbar puncture presents with fever and severe headache.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient orders, clinical history, and relevant prior imaging exams. Confirm appropriateness of imaging guidance and determine appropriate protocol and approach. Discuss with the patient (and family) the risks due to radiation exposure. Discuss the equipment being used, the close proximity of the CT or fluoroscopic gantry, and the potential for claustrophobia, prolonged immobility, and repositioning to ensure optimal imaging for guidance and interpretation. Discuss the risks and benefits of the spinal puncture, potential for unsuccessful procedure, and potential risks including (but not limited to) pain, infection, bleeding, headache, numbness, weakness, and severe neurological sequelae. Answer all patient (and family) questions related to risks and benefits. Obtain written, informed consent from the patient (or family). Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment. Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure. Ensure that all necessary intra service equipment is immediately available. The performing physician and assisting technologist dress in radiation safety attire. Perform hand hygiene. A surgical “time-out” is performed. Place the patient on a monitoring device (with screen within easy view of the performing physician) and position patient upon the CT/fluoroscopic gantry. Use padding, wedges, or restraints as necessary.

Description of Intra-Service Work: Supervise and interpret scout views of the lower back/lumbar spine to select the appropriate field of view. Obtain and interpret preliminary CT/fluoroscopic images of the lower back/lumbar spine to assess the appropriate approach and spinal level(s), evaluate for unexpected findings or interval changes, and adjust patient positioning or protocol as needed. Mark the appropriate skin entry site, sterilize the skin in the standard fashion, and place sterile drapes as necessary. Anesthetize the skin and subcutaneous tissues using local anesthesia, changing needles as necessary for deeper infiltration. Under intermittent or continuous CT/fluoroscopic guidance, direct the spinal needle to the appropriate position/lumbar level. Reposition as necessary. Confirm satisfactory needle position with CT/fluoroscopic imaging and return of cerebrospinal fluid. Attach a pressure gauge to the spinal needle if opening pressures desired. Obtain cerebrospinal fluid (volume based on indication and clinical judgement). Store samples in sterile tubes for further analysis as necessary. Withdraw the spinal needle and apply direct pressure to the puncture site for one minute.

Description of Post-Service Work: Apply a bandage. Place the patient on his or her back. Transport/observe the patient in the appropriate recovery area for any postoperative complications. Counsel the patient (and family) about possible side

effects, particularly headaches and pain at the procedure site, and appropriate management. Counsel the patient (and family) about return precautions. Ensure orders for CSF fluid analysis are entered as appropriate. Review and interpret all images resulting from the study including dedicated review of the target lumbar level as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Dictate detailed report for the medical record. Communicate findings to the referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD, Daniel Wessell, MD, PhD, Lauren Golding, MD, Melissa Chen, MD, Gregory Nicola, MD, Michael Hall, MD, Curtis Anderson, MD		
Specialty(s):	ACR, ASNR, SIR		
CPT Code:	62328		
Sample Size:	2719	**Resp N:** 101	**Response:** 3.7 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography and neuro imaging procedures). The ASNR surveyed a total of 1819 physicians from their membership. The SIR surveyed a random sample of 150 from their membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	250.00
Survey RVW:	1.30	1.95	**2.20**	2.29	4.20
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	15.00	**18.00**	25.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62328	**Recommended Physician Work RVU: 1.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62304	000	2.25	**RUC Time**

CPT Descriptor Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
55876	000	1.73	**RUC Time**	17,554

CPT Descriptor 1 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36514	000	1.81	**RUC Time**	28,945

CPT Descriptor 2 Therapeutic apheresis; for plasma pheresis

Other Reference CPT Code	Global	Work RVU	Time Source
51102	000	2.70	**RUC Time**

CPT Descriptor Aspiration of bladder; with insertion of suprapubic catheter

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 44 **% of respondents:** 43.5 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 12.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 62328	**Top Key Reference CPT Code:** 62304	**2nd Key Reference CPT Code:** **64483**
Median Pre-Service Time	23.00	24.00	24.00
Median Intra-Service Time	18.00	25.00	15.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**46.00**	**59.00**	**49.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	27%	55%	16%	2%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	34%	57%	9%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	16%	73%	11%

Physical effort required	23%	70%	7%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	59%	16%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	31%	46%	15%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	54%	23%	23%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	31%	54%	15%
Physical effort required	23%	54%	23%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	46%	38%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2017, the RUC identified CPT code 62270 as originally surveyed by one specialty (neurology) but now performed by a different specialty (diagnostic radiology). The specialty societies requested referral to CPT to bundle imaging guidance, which was reported more than 50% of the time with 62270. CPT code 62272 was added as a family code. After CPT Panel review of proposed coding changes, codes 62270 and 62272 were revised and two new codes were added (CPT codes 62328 and 62329) that bundle fluoroscopic or CT guidance.

62270 Spinal puncture, lumbar, diagnostic;

62328 with fluoroscopic or CT guidance

62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);

62329 with fluoroscopic or CT guidance

Survey Process

The codes were surveyed in different combinations by different specialties:

62270: ACEP

62328: ACR, SIR, ASNR

62272: AANS/CNS

62329: ACR, SIR, ASNR, AANS/CNS

The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography and neuro imaging procedures). The ASNR surveyed a random sample of 1819 physicians from their membership. The SIR surveyed a random sample of 150 physicians from their membership. The AANS and CNS collectively surveyed a random sample of 300 physyicans from their membership. The ACEP surveyed a random sample of 244 physicians from their membership.

Work RVU Recommendation

The specialties recommend a work RVU of 1.95 for CPT code 62328, which is the 25th survey percentile value.

Time Recommendation

The specialties recommend the times of 23 minutes of pre-service using adjustments from pre-service package 1 (straightforward patient, straightforward procedure).

We recommend the standard 13 minutes of pre-service evaluation. We recommend 5 minutes of pre-service positioning time, which is 4 minutes more than the standard. The patient is typically positioned in a prone and angled position to ensure adequate view of the spinal canal, which requires more time.

We are recommending 5 minutes of preservice scrub, dress and wait time, which is one minute less than the standard of 6 minutes.

We recommend 18 minutes of intra-service, which is the median survey time, and 5 minutes of post-service.

This is a total recommended time of 46 minutes for CPT code 62328.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **62304** *(Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral)*, chosen by 44% of respondents, and
- **64483** *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level)*, chosen by 13% respondents.

The first key reference code 62304 has more intraservice time than the surveyed code 62328 because of the extra time it takes to ensure contrast has moved through the cerebrospinal fluid (CSF) space adequately. The procedure has similar pre-service times and as this is a less intense procedure in comparison to the surveyed code, this relationship is appropriately reflected in its lower IWPUT.

The surveyed code 62328 has more intraservice time than the second key reference code 64483, which is related to the extra time it takes to drain the CSF compared to an injection and this extra time of lower intensity work accounts for the lower IWPUT relative to the reference code.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	0.082
62328	**Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**	**1.95**	**23**	**18**	**5**	**46**	**0.077**
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	2.25	24	25	10	59	0.063

MPC Codes

The surveyed code 62328 compares well with three other MPC codes. All of the MPC codes (CPT codes 55876, 36514, and 51102) have identical intra service times of 20 minutes, slightly higher than the surveyed code. 62328 is more intense and technically challenging compared to 55876 and 36514 due to the anatomy of performing a spinal puncture in patients with obesity or bony spinal degenerative changes, which is reflected in the higher IWPUT. MPC code 51102 is a difficult procedure in comparison to the surveyed code involving puncture of the bladder while avoiding other organs in the pelvis and this is demonstrated in the higher RVU and IWPUT compared to 62328. The table below summarizes these relationships.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	1.73	29	20	10	59	0.043
36514	Therapeutic apheresis; for plasma pheresis	1.81	29	20	15	64	0.041
62328	**Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**	**1.95**	**23**	**18**	**5**	**46**	**0.077**
51102	Aspiration of bladder; with insertion of suprapubic catheter	2.70	25	20	15	60	0.094

Summary of Recommendations for CPT Code 62328

The societies recommend 1.95 RVU with service period times of 23, 18, and 5 minutes for CPT code 62328.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
62270	Spinal puncture, lumbar, diagnostic;	1.44	12	15	5	32	0.073
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	1.80	22	15	15	52	0.070
62328	**Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**	**1.95**	**23**	**18**	**5**	**46**	**0.077**
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	2.25	23	20	10	53	0.079

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 62270

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 245601
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 62270 is estimated to be provided 245,601 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 123783 Percentage 50.40 %

Specialty Interventional Radiology Frequency 11470 Percentage 4.67 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 81,867 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 62270 is estimated to be provided 81,867 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 41261 Percentage 50.40 %

Specialty Interventional Radiology Frequency 3823 Percentage 4.66 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62270

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62272 Tracking Number T3 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: 000 Current Work RVU: **1.35** RUC Recommended RVU: **1.80**

CPT Descriptor: Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25-year-old female presents with severe headache, visual difficulties and neck stiffness.

Percentage of Survey Respondents who found Vignette to be Typical: 71%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Pre-procedure labs and films are reviewed. The planned procedure and postoperative management are reviewed with the patient. Informed consent is reviewed and obtained. Availability of all required instruments and supplies is verified. Assistance is provided to position the patient lateral so that the lumbar spine is in maximal flexion. The puncture site is marked, prepped and draped. The puncture site is injected with local anesthetic. The physician scrubs and gowns. A time-out is performed.

Description of Intra-Service Work: The spinal needle is inserted at the appropriate position in the lumbar spine and cerebrospinal fluid is obtained . A manometer is connected and used to measure CSF pressure, and a volume of CSF is removed for analysis and/or therapeutic treatment (volume based on indication and clinical judgement). A catheter may be inserted along the needle tract into the subarachnoid space as necessary for greater volume of fluid. Therapeutic agents are injected as necessary. A final CSF pressure is measured using the manometer as necessary. The spinal needle/catheter is withdrawn and direct pressure is applied to the puncture site for one minute.

Description of Post-Service Work: A sterile dressing is applied. The outcome of the procedure is discussed with the patient and a brief operative note is written. Patient stabilization is monitored in the recovery room, and the patient is kept supine to prevent spinal fluid leak. An operative report is dictated, and medical record documentation is completed. Based on lab findings, the patient will either be admitted, observed overnight or discharged. Depending on the status of the patient, orders are written for transfer to the medical floor and for postop care. Alternatively, medications are reconciled and orders for post-op care and discharge are written for the patient. A discharge summary and instructions are completed.. The medical record is completed and findings are communicated to the referring physician or PCP as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Alexander Mason, MD.		
Specialty Society(ies):	AANS		
CPT Code:	62272		
Sample Size:	300	**Resp N:** 31	**Response:** 10.3 %
Description of Sample:	random from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	30.00
Survey RVW:	1.40	1.80	**2.00**	2.23	2.50
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**8.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	9.00	10.00	**15.00**	25.00	30.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62272	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**4.00**	**1.00**	**3.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62304	000	2.25	**RUC Time**

CPT Descriptor Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64490	000	1.82	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36556	000	1.75	**RUC Time**	460,490

CPT Descriptor 1 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64483	000	1.90	**RUC Time**	1,024,113

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 0.0 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 62272	Top Key Reference CPT Code: 62304	2nd Key Reference CPT Code: **64490**
Median Pre-Service Time	22.00	24.00	17.00
Median Intra-Service Time	15.00	25.00	15.00
Median Immediate Post-service Time	15.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**52.00**	**59.00**	**42.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	38%	38%	23%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	31%	46%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	54%	31%
Physical effort required	8%	85%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	54%	31%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	25%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	75%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	0%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2017, the RUC identified code 62270 as originally surveyed by one specialty (neurology) but now performed by a different specialty (diagnostic radiology). The specialty societies requested referral to CPT to bundle imaging guidance which was reported more than 50% of the time with 62270. Code 62272 was added as a family code. After CPT Panel review of coding changes, codes 62270 and 62272 were revised and two new codes were added (622X0 and 622X1) that bundle fluoroscopic or CT guidance.

62270 Spinal puncture, lumbar, diagnostic;
622X0 with fluoroscopic or CT guidance
62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);
622X1 with fluoroscopic or CT guidance

Survey Process

The codes were surveyed in different combinations by different specialties:

62270 ACEP
622X0 ACR, SIR, ASNR
62272 AANS/CNS
622X1 ACR, SIR, ASNR, AANS/CNS

The survey distribution was:

ACR: 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography and neuro imaging procedures)
ASNR: random sample of 1819 physicians from membership
SIR: random sample of 150 physicians from membership
AANS/CNS: random sample of 300 physicians from membership
ACEP: random sample of 244 physicians from membership

Compelling Evidence – 62272

Flawed methodology and anomalous relationship:

1. Codes 62270 and 62272 were reviewed by neurosurgeons during the Harvard study with a 90-day global period and refined by CMS prior to the 1992 PFS to a 0-day global code. There was no discussion in the rule about how CMS arrived at the assigned reduced value. It was only noted that: "Physician work value established by HCFA. It may have been a refinement of a Harvard value, or a gap fill for a code for which Harvard did not provide a value. These include codes reviewed by carrier medical directors.

2. In the first PFS in 1992, codes 62270 and 62272 were valued at 1.18 and 1.43, respectively, which is a 21% difference. This recognized the difference in time, intensity and complexity between the two procedures. In 2005, code 62270 was reviewed as potentially misvalued and increased 21% from 1.13 to 1.37. Family code 62272 was not reviewed. This resulted in a rank order anomaly where code 62272 is now valued less than 62270.

Recommendations

We recommend a work RVU of 1.80 for CPT code 62272, which is the survey 25th percentile value.

Pre-time package 1: Three minutes are added to the positioning time to position the patient lateral so that the lumbar spine is in maximal flexion and the patient is padded to remain in this position. One minute is removed from scrub, dress, wait time to be consistent with the survey median.

Post-time package 7a: Three minutes is removed from the package to be consistent with the survey median. The typical patient treated by a neurosurgeon will be followed by the neurosurgeon on the day of the procedure either on the medical floor including orders for continued care or will be discharged by the neurosurgeon including discharge orders. Fifteen minutes is less than the package time and reasonably accounts for the work of the neurosurgeon on the day of the procedure including immediate postop recovery work and floor or discharge work.

Key Reference Code Comparison

Year	CPT	Long Descriptor	RVW	IWPUT	Total Time	EVAL	POSIT	SDW	INTRA	POST
2009	**64490**	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	**1.82**	0.086	42	7	5	5	15	10
	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	**1.80**	0.070	52	13	4	5	15	15
2014	**62304**	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	**2.25**	0.063	59	13	5	6	25	10

MPC Comparison

Year	CPT	Long Descriptor	RVW	IWPUT	Total	EVAL	POSIT	SDW	INTRA	POST
MPC	**36556**	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	**1.75**	0.084	40	12	3	5	15	5
	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	**1.80**	0.070	52	13	4	5	15	15
MPC	**64483**	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	**1.90**	0.082	49	13	5	6	15	10

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 62272

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Neurosurgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. estimate that 25% of current utililzation will not uitlize fluoro or CT guidance

Specialty neurosurgery Frequency 1400 Percentage 87.50 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 61107

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62329 Tracking Number T4 Original Specialty Recommended RVU: **2.25**
Presented Recommended RVU: **2.25**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **2.25**

CPT Descriptor: Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25-year-old female with scoliosis and prior failed bedside lumbar puncture presents with severe headache, visual difficulties and neck stiffness.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient orders, clinical history, and relevant prior imaging exams.
Confirm appropriateness of imaging guidance and determine appropriate protocol and approach.
Discuss with the patient (and family) the risks due to radiation exposure and use of contrast dye (if needed) relative to other potential imaging modalities. Discuss the equipment being used, the close proximity of the CT or fluoroscopic gantry, and the potential for claustrophobia, prolonged immobility, and repositioning to ensure optimal imaging for guidance and interpretation. Discuss the risks and benefits of the spinal puncture, potential for unsuccessful procedure, and potential risks including (but not limited to) pain, infection, bleeding, headache, numbness, weakness, and severe neurological sequelae. Answer all patient (and family) questions related to risks and benefits. Obtain written, informed consent from the patient (or family). Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment. Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure.
Ensure that all necessary intra service equipment is immediately available. The performing physician and assisting technologist dress in radiation safety attire. Perform hand hygiene. A surgical “time-out” is performed. Place the patient on a monitoring device (with screen within easy view of the performing physician) and position patient upon the CT/fluoroscopic gantry. Use padding, wedges, or restraints as necessary.

Description of Intra-Service Work: Supervise and interpret scout views of the lower back/lumbar spine to select the appropriate field of view. Obtain and interpret preliminary CT/fluoroscopic images of the lower back/lumbar spine to assess the appropriate approach and spinal level(s), evaluate for unexpected findings or interval changes, and adjust patient positioning or protocol as needed. Mark the appropriate skin entry site, sterilize the skin in the standard fashion, and place sterile drapes as necessary. Anesthetize the skin and subcutaneous tissues using local anesthesia, changing needles as necessary for deeper infiltration. Under intermittent or continuous CT/fluoroscopic guidance, direct the spinal needle to the appropriate position/lumbar level. Reposition as necessary. Confirm satisfactory needle position with CT/fluoroscopic imaging and return of cerebrospinal fluid. Insert catheter along the needle tract into the subarachnoid space as necessary if greater volume of cerebrospinal fluid removal is required. Attach a pressure gauge to the spinal needle or catheter if opening pressures desired. Obtain cerebrospinal fluid (volume based on indication and clinical judgement). Store samples in sterile tubes for further analysis as necessary. Inject indicated therapeutic agents when requested. Attach a pressure

gauge to the spinal needle or catheter to obtain catheter pressure if desired. Withdraw the spinal needle/catheter and apply direct pressure to the puncture site for one minute.

Description of Post-Service Work: Apply a bandage. Obtain and interpret post-procedural CT/fluoroscopic images to assess for complications. Place the patient on his or her back. Assess patient for change in neurologic symptoms and resolution of symptoms. Transport/observe the patient in the appropriate recovery area for any postoperative complications. Counsel the patient (and family) about possible side effects, particularly headaches and pain at the procedure site, and appropriate management. Counsel the patient (and family) about return precautions.
Ensure orders for CSF fluid analysis are entered as appropriate. Interpret all images resulting from the study including dedicated review of the target lumbar level as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies. Dictate detailed report for the medical record. Communicate findings to the referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD, Daniel Wessell, MD, PhD, Lauren Golding, MD, Melissa Chen, MD, Gregory Nicola, MD, Michael Hall, MD, Curtis Anderson, MD, John Ratliff, MD		
Specialty(s):	ACR, ASNR, SIR, AANS, CNS		
CPT Code:	62329		
Sample Size:	3019	**Resp N:** 131	**Response:** 4.3 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography and neuro imaging procedures). The ASNR surveyed a random sample of 1819 physicians from their membership. The AANS and CNS collectively surveyed a random sample of 300 neurosurgeons from their membership. The SIR surveyed a random sample of 150 from their membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**10.00**	23.00	100.00
Survey RVW:	1.35	2.02	**2.25**	2.58	4.80
Pre-Service Evaluation Time:			**18.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	65.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	62329	**Recommended Physician Work RVU: 2.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62304	000	2.25	**RUC Time**

CPT Descriptor Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,111

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52281	000	2.75	**RUC Time**	72,625

CPT Descriptor 2 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 53 **% of respondents:** 40.4 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 62329	**Top Key Reference CPT Code:** 62304	**2nd Key Reference CPT Code:** **64483**
Median Pre-Service Time	23.00	24.00	24.00
Median Intra-Service Time	20.00	25.00	15.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**53.00**	**59.00**	**49.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	23%	55%	23%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	64%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	70%	19%
Physical effort required	15%	68%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	57%	21%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	28%	33%	39%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	50%	28%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	22%	56%	22%
Physical effort required	11%	67%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	39%	39%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2017, the RUC identified CPT code 62270 as originally surveyed by one specialty (neurology) but now performed by a different specialty (diagnostic radiology). The specialty societies requested referral to CPT to bundle imaging guidance, which was reported more than 50% of the time with 62270. CPT code 62272 was added as a family code. After CPT Panel review of proposed coding changes, codes 62270 and 62272 were revised and two new codes were added (CPT codes 62328 and 62329) that bundle fluoroscopic or CT guidance.

62270 Spinal puncture, lumbar, diagnostic;

62328 with fluoroscopic or CT guidance

62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);

62329 with fluoroscopic or CT guidance

Survey Process

The codes were surveyed in different combinations by different specialties:

62270: ACEP

62328: ACR, SIR, ASNR

62272: AANS/CNS

62329: ACR, SIR, ASNR, AANS/CNS

The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography and neuro imaging procedures). The ASNR surveyed a random sample of 1819 physicians from their membership. The SIR surveyed a random sample of 150 physicians from their membership. The AANS and CNS collectively surveyed a random sample of 300 physyicans from their membership. The ACEP surveyed a random sample of 244 physicians from their membership.

Compelling Evidence

The societies are recommending compelling evidence for CPT code 62329 to support the proposed wRVUs and times.

The base code for this procedure, CPT code 62272, was a Harvard-valued code, and when 62270 was re-surveyed in August 2005, it created a rank order anomaly across the code family. This appropriately reflects how CPT code 62272 is a more complex and intense procedure than 62270.

Work RVU Recommendation

The specialties recommend the current work RVU of 2.25 for CPT code 62329, which is the survey median value.

Time Recommendation

The specialties recommend the times of 23 minutes of pre-service using adjustments from pre-service package 1 (straightforward patient, straightforward procedure).

We recommend the standard 13 minutes of pre-service evaluation. We recommend 5 minutes of pre-service positioning time, which is 4 minutes more than the standard. We are requesting more time as the patient is typically positioned in a prone and angled position to ensure adequate view of the spinal canal.

We recommend 5 minutes of preservice scrub, dress and wait time, which is one minute less than the standard.

We are recommending 20 minutes of intra-service, which is the median survey time, and 10 minutes of post-service for appropriate monitoring of the patient after administered medication to ensure there are no immediate complications.

This is a total recommended time of 53 minutes for CPT code 62329.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **62304** *(Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral),* chosen by 40% of respondents, and
- **64483** *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level),* chosen by 14% respondents.

The first key reference code 62304 has more intraservice time because it will typically take longer to ensure that the contrast agent has moved to the appropriate location for evaluation of the spinal canal following the injection. This involves less intense physician work compared to the surveyed drainage code which typically requires multiple needle manipulations while in the spinal canal during the intraservice period to obtain a sufficiently large volume of cerebrospinal fluid (25-50 cc) and these differences contribute to an overall lower IWPUT compared to the surveyed code. Both codes have an identical RVU. As nearly half of the survey respondents selected CPT code 62304 as the first key reference code, this is an appropriate comparator code.

The second key reference code 64483 has less intraservice time than the surveyed code. The complexity and intensity of the procedure is similar to 62329 in which therapeutic agents are being administered at the same time as the procedure and precise placement is critical to avoid potential complications. This is reflected in fairly similar IWPUTs between the surveyed code and the second key reference code.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.90	24	15	10	49	0.082
62329	**Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance**	**2.25**	**23**	**20**	**10**	**53**	**0.079**
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	2.25	24	25	10	59	0.063

MPC Codes

The surveyed code 62329 compares well with two other MPC codes. Both MPC codes (CPT codes 51102 and 52281) as well as the surveyed code have identical intra service times of 20 minutes. In comparison to the MPC codes, 62329 is a less intense procedurally based on the technical skill required for the MPC code services. MPC code 51102 requires knowledge of anatomy and technical skill to avoid puncturing vital abdominal organs and important arteries. MPC code 52281 is also a more intense and technical procedure in which multiple catheters are placed sequentially to dilate a stricture compared to placement of a single needle and manipulation of that needle after it is in the spinal canal. The table below summarizes these relationships.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
62329	**Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter) with fluoroscopic or CT guidance**	**2.25**	**23**	**20**	**10**	**53**	**0.079**
51102	Aspiration of bladder; with insertion of suprapubic catheter	2.70	25	20	15	60	0.094
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	2.75	16	20	10	46	0.112

Summary of Recommendations for CPT Code 62329

The societies recommend 2.25 RVU with service period times of 23, 20, and 10 minutes for CPT code 62329.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
62270	Spinal puncture, lumbar, diagnostic;	1.44	12	15	5	32	0.073
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	1.80	22	15	15	52	0.070
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	1.95	23	18	5	46	0.077
62329	**Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance**	**2.25**	**23**	**20**	**10**	**53**	**0.079**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions:

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 62272

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty Neurosurgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 19578
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 62272 is estimated to be provided 19,578 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 5186 Percentage 26.48 %

Specialty Interventional Radiology Frequency 607 Percentage 3.10 %

Specialty Neurosurgery Frequency 7140 Percentage 36.46 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,526
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 62272 is estimated to be provided 6,526 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 1729 Percentage 26.49 %

Specialty Interventional Radiology Frequency 202 Percentage 3.09 %

Specialty Neurosurgery Frequency 2380 Percentage 36.46 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 62272

SS Rec Summary

ISSUE: Lumbar Puncture

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 c	17	0.061			3.19			69	8	1	5			45			10					
2nd REF	12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	15	0.080			2.10			43	8	1	5			21			8					
CURRENT	62270	Spinal puncture, lumbar, diagnostic		0.050			1.37			40		5	5			20			10					
SVY - ACEP	62270	Spinal puncture, lumbar, diagnostic;	77	0.138	0.69	2.10	2.52	3.20	6.00	37	10	4	3	5	10	15	20	40	5	0	5	10	15	70
Cross walk	12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm		0.0697			1.44			29	5	1	1			17			5					
REC	62270	Spinal puncture, lumbar, diagnostic;		0.073			1.44			32	5	4	3			15			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	62304	Myelography via lumbar injection, including radiological supervision and interpretation;	44	0.063			2.25			59	13	5	6			25			10					
2nd REF	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance	13	0.082			1.90			49	13	5	6			15			10					
CURRENT	62270	Spinal puncture, lumbar, diagnostic		0.050			1.37			40		5	5			20			10					
CURRENT	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or		0.037			0.60			17		2				15								
CURRENT	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		#DIV/0!			1.16			22														
SVY	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	101	0.089	1.30	1.95	2.20	2.29	4.20	48	15	5	5	5	15	18	25	45	5	0	10	25	50	250
SVY - ACR	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	38	0.083	1.30	1.90	2.20	2.45	4.20	50	15	5	5	5	15	19	25	45	6	8	43	95	200	500
SVY - ACR Subset	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	30	0.093	1.30	1.90	2.20	2.45	4.00	48	15	5	5	5	15	17	25	45	6	0	6	18	40	100
SVY - ACR Random	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	8	0.076	1.70	1.90	2.23	2.48	4.20	57	13	10	8	10	18	20	26	30	6	3	9	18	28	50
SVY - ASNR	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	41	0.103	1.71	2.00	2.10	2.25	3.25	43	13	5	5	5	15	15	25	45	5	1	12	40	70	200
SVY - SIR	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	22	0.074	1.48	1.91	2.25	2.45	3.12	58	15	10	5	5	11	20	24	35	8	5	13	25	50	250
REC	62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance		0.077			1.95			46	13	5	5			18			5					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	62304	Myelography via lumbar injection, including radiological supervision and interpretation;	13	0.063			2.25			59	13	5	6			25			10					
2nd REF	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves	4	0.086			1.82			42	7	5	5			15			10					
CURRENT	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)		0.051			1.35			36	9					19			8					
SVY - AANS/CNS	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);	31	0.044	1.40	1.80	2.00	2.23	2.50	78	35	8	5	9	10	15	25	30	15	0	2	5	10	30
REC	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);		0.070			1.80			52	13	4	5			15			15					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	62304	Myelography via lumbar injection, including radiological supervision and interpretation;	53	0.063			2.25			59	13	5	6			25			10					
2nd REF	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	18	0.082			1.90			49	13	5	6			15			10					
CURRENT	62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)		0.051			1.35			36	9					19			8					
CURRENT	77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or		0.037			0.60			17		2				15								
CURRENT	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device),		#DIV/0!			1.16			22														
SVY	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	131	0.074	1.35	2.02	2.25	2.58	4.80	58	18	5	5	5	15	20	30	65	10	0	3	10	23	100
SVY - ACR	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	38	0.081	1.35	2.00	2.25	2.50	4.80	51	15	5	5	5	15	20	25	60	6	0	5	8	25	50
SVY - ACR Subset	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	30	0.081	1.35	2.00	2.25	2.50	4.00	51	15	5	5	5	15	20	25	45	6	0	5	6	25	50
SVY - ACR Random	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	8	0.060	1.90	2.05	2.20	2.69	4.80	61	12	10	8	10	19	25	31	60	6	2	9	13	23	50
SVY - ASNR	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	41	0.082	1.73	2.00	2.25	2.40	3.25	50	15	5	5	10	15	20	25	65	5	0	6	15	30	100
SVY - SIR	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	22	0.062	1.48	2.10	2.27	2.75	3.40	60	10	10	5	5	20	25	30	45	10	1	5	15	25	100
SVY - AANS/CNS	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	31	0.057	1.75	2.25	2.39	2.50	3.25	75	10	15	10	10	15	25	35	60	15	0	1	3	7	20
REC	62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance		0.079			2.25			53	13	5	5			20			10					

CPT Code: 62270, 62328, 62272 & 62329
Specialty Society: ACR, ASNR, SIR, AANS/CNS, AAN, ACEP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Global Period: 000 **Meeting Date:** January 2019

CPT Long Descriptor:

▲62270	Spinal puncture, lumbar, diagnostic;
●62328	with fluoroscopic or CT guidance (Do not report 62270, 62328 in conjunction with 77003, 77012) (If ultrasound or MRI guidance is performed, see 76942, 77021)
▲62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);
●62329	with fluoroscopic or CT guidance (Do not report 62272, 62329 in conjunction with 77003, 77012) (If ultrasound or MRI guidance is performed, see 76942, 77021)

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   ACR, ASNR, SIR, AANS/CNS and AAN created a consensus panel of practicing physicians, familiar with the procedures to review the existing direct practice expense inputs and develop recommendations for the new lumbar puncture codes.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The specialties included the direct practice expense inputs for CPT Codes 62270, 62272, 77003 and 77012 on the PE spreadsheet.

3. **Is this code(s) typically billed with an E/M service?**

   NO

   62270 – 2%
   62272 – 2%

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   The specialties are recommending pre-service clinical time (less than the amount for "extensive use").

   CA001 - The time is needed to review the referral request from the referring physician (diagnosis, reason for procedure, tests to be ordered on samples).

   CA002 – This time is required to make sure the patient is a candidate for our procedure, labs are reviewed and within accepted range, and additional labs are ordered if necessary.

   CA003 – The office staff uses this time to coordinate with hospital/facility staff to schedule the procedure.

   CA004 – This time is needed to discuss the potential complications and post procedure side effects of this procedure. The consent for the procedure is obtained at that time.

   CA005 – This time is used to answer any additional questions prior to the patient's visit, confirm that certain medications are being held before the procedure.

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   N/A

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

7. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

   N/A

8. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

   N/A

9. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

   N/A

10. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

11. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    N/A

12. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:**

    N/A

13. **If there is any other item on your spreadsheet that needs further explanation please include here:**

    N/A

14. **Please include an explanation of each line item:**

    See Q#4

CPT Code: 62270, 62328, 62272 & 62329
Specialty Society: ACR, ASNR, SIR, AANS/CNS, AAN, ACEP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Global Period: 000 **Meeting Date:** January 2019

CPT Long Descriptor:

▲62270	Spinal puncture, lumbar, diagnostic;
●62328	with fluoroscopic or CT guidance (Do not report 62270, 62328 in conjunction with 77003, 77012) (If ultrasound or MRI guidance is performed, see 76942, 77021)
▲62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);
●62329	with fluoroscopic or CT guidance (Do not report 62272, 62329 in conjunction with 77003, 77012) (If ultrasound or MRI guidance is performed, see 76942, 77021)

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   ACR, ASNR, SIR, AANS/CNS and AAN created a consensus panel of practicing physicians, familiar with the procedures to review the existing direct practice expense inputs and develop recommendations for the new lumbar puncture codes.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The specialties included the direct practice expense inputs for CPT Codes 62270, 62272, 77003 and 77012 on the PE spreadsheet.

3. Is this code(s) typically billed with an E/M service?

NO

62270 – 2%
62272 – 2%

Is this code(s) typically billed with the E/M service in the nonfacility?
(Please see provided data in PE Subcommittee folder)

NO

62270 – 26%
62272 – 26%

4. What specialty is the dominant provider in the nonfacility?
What percent of the time does the dominant provider provide the service(s) in the nonfacility?
Is the dominant provider in the nonfacility different then for the global?
(Please see provided data in PE Subcommittee folder)

62270
Global - Diagnostic Radiology, NF Setting – Neurology

62272
Global – Neurosurgery, NF Setting - Neurology

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

The specialties are recommending pre-service clinical time (less than the amount for "extensive use").

CA001 - The time is needed to review the referral request from the referring physician (diagnosis, reason for procedure, tests to be ordered on samples).

CA002 – This time is required to make sure the patient is a candidate for our procedure, labs are reviewed and within accepted range, and additional labs are ordered if necessary.

CA004 – This time is needed to discuss the potential complications and post procedure side effects of this procedure. The consent for the procedure is obtained at that time.

CA005 – This time is used to answer any additional questions prior to the patient's visit, confirm that certain medications are being held before the procedure.

CA008 – Pre-procedure QA of Fluoroscopy equipment and adjusting radiation protection equipment.

The specialties are recommending 3 minutes for CA013 prepare room, equipment and supplies. The standard is 2 minutes. The extra time is needed to set up the imaging equipment.

6. **If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.**

   CPT Code 62270 will be rarely performed in the office setting. There are current direct practice expense inputs. The multispecialty group recommends that the service be priced in an office, in the rare occasions it is performed in that setting. As such, the recommendations include items to perform the procedure in a sterile fashion (e.g. cap, gown, mask, mayo-stand drape, etc). With the addition of these items, the aggregate DPEI increased from $62.32 to $73.28. The multispecialty group believes the PE compelling evidence guidelines for the adoption of standards/packages would apply to these changes.

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

8. **How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)**
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   CPT Codes 62270 and 62272 included 3 minutes for CA010 Obtain Vital signs prior to CMS updating the time to 5 minutes. The specialties are recommending 3 minutes for CA010.

9. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   For CPT Codes 62328 and 622 there is a blended staff member that is 75% rad tech (L041B) and 25% Nurse blend (L037D RN/LPN/MTA). The radiology tech is assisting in prepping patient, manipulating imaging equipment, obtaining imaging and assisting the procedure for part of the procedure. The Nurse blend attends to the patient and circulates. These activities add up to 100% of intraservice time.

10. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

    CPT Codes 62328 and 62329 include recommendations for a second clinical staff person to assist with image acquisition during the with-imaging procedures. The current convention is to include the radiology technologist at 75% of the intra time and a nurse blend at the remaining 25%.

11. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

12. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

13. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

15. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    ED050 table, exam – default
    EL014 room, radiographic-fluoroscopic– highlight technical
    EF023 Technologist PACS workstation - PACS
    EL014 Professional PACS workstation – other (1/2 physician pre time + physician pre time)

16. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:**

    N/A

17. **If there is any other item on your spreadsheet that needs further explanation please include here:**

    N/A

18. Please include an explanation of each line item:

		62270	62328	62272	62329	Notes
SA048	pack, minimum multi-specialty visit	1	1	1	1	*Paper, exam table- 7ft* *Gloves, NS – 2 pair* *Gown, patient – 1* *Pillow case – 1* *Cover, thermometer - 1*
SA065	tray, lumbar puncture	1	1	1	1	*Syringe and needle, lidocaine hydrochloride (Usp, 1%, 2ml), 4 prelabled specimen tubes with cap (10ml), prep cup, 3 swab sticks, (3) 2" x 2" gauze sponges, towel, fenestrated drape, puncture site bandage, sterilization indicator, And hospital wrap.*
SB001	cap, surgical	2	2	2	2	MD and staff member
SB008	drape, sterile, c-arm, fluoro		1		1	For sterile covering fluoro
SB022	gloves, non-sterile		1		1	To wear while cleaning equipment
SB024	gloves, sterile	2	2	2	2	MD and staff member
SB027	gown, staff, impervious	1	1	1	1	For cleaning equipment
SB028	gown, surgical, sterile	2	2	2	2	For MD and staff member
SB033	mask, surgical	2	2	2	2	For MD and Staff member
SB044	underpad 2ft x 3ft (Chux)	1	1	1	1	Under patient to protect table
SC048	spinal manometer	1	1	1	1	Measure Pressures
SM013	disinfectant, surface (Envirocide, Sanizide)		1		1	To clean imaging equipment
SB012	Mayo stand drape	1	1	1	1	To cover the back table – and keep supplies sterile

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**CURRENT**		**CURRENT**	
2	**AT MEETING**	**Meeting Date:** January 2019 **Tab:** 9 Lumbar Puncture **Specialty:** ACR, ASNR, SIR, AANS/CNS, AAN				**62270**		**62272**		**77003**	
3		***RUC Collaboration Website***				*Spinal puncture, lumbar, diagnostic*		*Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)*		*Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)* (List	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 62.32**	**$ 6.29**	**$ 83.05**	**$ 6.29**	**$ 54.59**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**49**	**17**	**62**	**17**	**29**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**11**	**14**	**11**	**14**	**4**	**0**
10			*L037D*	*RN/LPN/MTA*	*0.37*	*11*	*14*	*11*	*14*		
11			*L041B*	*Radiologic Technologist*	*0.41*					*4*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**35**	**0**	**48**	**0**	**25**	**0**
13			*L037D*	*RN/LPN/MTA*	*0.37*	*35*		*48*			
14			*L041B*	*Radiologic Technologist*	*0.41*					*25*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3**	**3**	**3**	**3**	**0**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 18.13**	**$ 6.29**	**$ 22.94**	**$ 6.29**	**$ 11.89**	**$ -**
17		**PRE-SERVICE PERIOD**									
18		**Start: Following visit when decision for surgery or procedure made**									
19	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	3	3	3	3		
20	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	3	3	3	3		
21	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		3		3		
22	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	3	3	3	3		
23	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	2	2	2	2		
24	CA006	Confirm availability of prior images/studies	L041B	Radiologic	0.41					2	
25	CA007	Review patient clinical extant information and questionnaire	L041B	Radiologic	0.41					2	
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L041B	Radiologic	0.41						
33		**End: When patient enters office/facility for surgery/procedure**									
34		**SERVICE PERIOD**									
35		**Start: When patient enters office/facility for surgery/procedure:**									
36		**Pre-Service (of service period)**									
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37	3		3			
38	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	5		5			
39	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
40	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
41	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2			
42	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.41						
43	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
44	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		2			
46	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic	0.41					2	
47	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
54		**Intra-service (of service period)**									
55	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37	20		19			
56	CA018	Assist physician or other qualified healthcare professional---directly	L041B	Radiologic	0.41					15	
57	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
58	CA020	Assist physician or other qualified healthcare professional---directly	L041B	Radiologic	0.41						
59	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
60	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37						
61	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic	0.41						
68		**Post-Service (of service period)**									
69	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37			14			
70	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
71	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3			
72	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.41					3	
73	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
74	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
75	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
76	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
77	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L041B	Radiologic	0.41					2	
79	CA031	Review examination with interpreting MD/DO	L041B	Radiologic	0.41					2	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L041B	Radiologic	0.41					1	
81	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
82	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
83	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
84	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
91		**End: Patient leaves office**									
92		**POST-SERVICE PERIOD**									
93		**Start: Patient leaves office/facility**									
94	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3	3	3	3		
95	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
96		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
102	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
109		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**CURRENT**		**CURRENT**	
2	**AT MEETING**	**Meeting Date:** January 2019 **Tab:** 9 Lumbar Puncture **Specialty:** ACR, ASNR, SIR, AANS/CNS, AAN				**62270**		**62272**		**77003**	
3		***RUC Collaboration Website***				*Spinal puncture, lumbar, diagnostic*		*Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)*		*Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)* (List	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 62.32**	**$ 6.29**	**$ 83.05**	**$ 6.29**	**$ 54.59**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**49**	**17**	**62**	**17**	**29**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**11**	**14**	**11**	**14**	**4**	**0**
10			*L037D*	*RN/LPN/MTA*	*0.37*	*11*	*14*	*11*	*14*		
11			*L041B*	*Radiologic Technologist*	*0.41*					*4*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**35**	**0**	**48**	**0**	**25**	**0**
13			*L037D*	*RN/LPN/MTA*	*0.37*	*35*		*48*			
14			*L041B*	*Radiologic Technologist*	*0.41*					*25*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**3**	**3**	**3**	**3**	**0**	**0**
110	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 44.02**	**$ -**	**$ 59.86**	**$ -**	**$ 5.03**	**$ -**
112	SA048	pack, minimum multi-specialty visit	2.1122	pack		1		1			
113	SA065	tray, lumbar puncture	17.724	tray		1					
114	SA068	tray, spinal anesthesia	22.164	tray				1			
115	SB001	cap, surgical	0.4417	item				1			
116	SB006	drape, non-sterile, sheet 40in x 60in	0.199	item		1		1			
117	SB008	drape, sterile, c-arm, fluoro	4.723	item						1	
118	SB022	gloves, non-sterile	0.138	pair						1	
119	SB024	gloves, sterile	0.8575	pair		2		2			
120	SB027	gown, staff, impervious	1.186	item		1		1			
121	SB028	gown, surgical, sterile	4.7858	item				2			
122	SB033	mask, surgical	0.1745	item				1			
123	SB044	underpad 2ft x 3ft (Chux)	0.2525	item				1			
124	SC029	needle, 18-27g	0.0767	item		1		1			
125	SC048	spinal manometer	20.8163	item		1		1			
126	SC052	syringe 1ml	0.17	item		1		1			
127	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.1347	item				1			
128	SH047	lidocaine 1%-2% inj (Xylocaine)	0.0413	ml				20			
129	SJ053	swab-pad, alcohol	0.0198	item		1		1			
130	SM013	disinfectant, surface (Envirocide, Sanizide)	0.1673	oz						1	
131	SB012	drape, sterile, for Mayo stand	1.5335	item							
132		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
134	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
135		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.17**	**$ -**	**$ 0.25**	**$ -**	**$ 37.67**	**$ -**
136	ED050	Technologist PACS workstation	5557	PACS	0.022017924					25	
137	ED053	Professional PACS Workstation	14829.6153	Other Formula	0.058757846						
138	EF023	table, exam	2188.0593	Monitoring	0.004867106	35		52			
139	EL007	room, CT	1320491.88	Highly Technical	5.00336901						
140	EL014	room, radiographic-fluoroscopic	445290.815	Highly Technical	1.687215425					22	
141											
142		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2	**AT MEETING**	**Meeting Date:** January 2019 **Tab:** 9 Lumbar Puncture **Specialty:** ACR, ASNR, SIR, AANS/CNS, AAN	**77012**		**62270**		**62328**		**62272**		**62329**	
3		***RUC Collaboration Website***	*Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*		*Spinal puncture, lumbar, diagnostic;*		*Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance*		*Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);*		*Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 63.17**	**$ -**	**$ 67.69**	**$ -**	**$137.33**	**$ 1.11**	**$ 72.66**	**$ 1.11**	**$142.97**	**$ 1.11**
8		**TOTAL CLINICAL STAFF TIME**	**36**	**0**	**31**	**0**	**75**	**3**	**44**	**3**	**80**	**3**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**8**	**0**	**11**	**0**	**8**	**0**	**11**	**0**
10					*8*	*0*	*8*	*0*	*8*	*0*	*8*	*0*
11			*3*				*3*				*3*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**33**	**0**	**23**	**0**	**61**	**0**	**33**	**0**	**66**	**0**
13			*1*		*23*		*15.25*		*33*		*17.00*	
14			*32*				*46*				*49*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**3**	**3**	**3**	**3**	**3**	**3**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 14.72**	**$ -**	**$ 11.38**	**$ -**	**$ 29.60**	**$ 1.11**	**$ 16.28**	**$ 1.11**	**$ 31.68**	**$ 1.11**
17		**PRE-SERVICE PERIOD**										
18		**Start: Following visit when decision for surgery or procedure made**										
19	CA001	Complete pre-service diagnostic and referral forms										
20	CA002	Coordinate pre-surgery services (including test results)			3		3		3		3	
21	CA003	Schedule space and equipment in facility										
22	CA004	Provide pre-service education/obtain consent			3		3		3		3	
23	CA005	Complete pre-procedure phone calls and prescription			2		2		2		2	
24	CA006	Confirm availability of prior images/studies	3									
25	CA007	Review patient clinical extant information and questionnaire										
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)					3				3	
33		**End: When patient enters office/facility for surgery/procedure**										
34		**SERVICE PERIOD**										
35		**Start: When patient enters office/facility for surgery/procedure:**										
36		**Pre-Service (of service period)**										
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are					3		3		3	
38	CA010	Obtain vital signs					3		3		3	
39	CA011	Provide education/obtain consent	1				1				1	
40	CA012	Review requisition, assess for special needs										
41	CA013	Prepare room, equipment and supplies			2				2			
42	CA013	Prepare room, equipment and supplies	3				3				3	
43	CA014	Confirm order, protocol exam										
44	CA015	Setup scope (nonfacility setting only)										
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			2				2			
46	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2				2				2	
47	CA017	Sedate/apply anesthesia										
54		**Intra-service (of service period)**										
55	CA018	Assist physician or other qualified healthcare professional---directly			15				15			
56	CA018	Assist physician or other qualified healthcare professional---directly					18				20	
57	CA019	Assist physician or other qualified healthcare professional---directly										
58	CA020	Assist physician or other qualified healthcare professional---directly					13.5				15	
59	CA020	Assist physician or other qualified healthcare professional---directly					4.5				5	
60	CA021	Perform procedure/service---NOT directly related to physician work time										
61	CA021	Perform procedure/service---NOT directly related to physician work time	18									
68		**Post-Service (of service period)**										
69	CA022	Monitor patient following procedure/service, multitasking 1:4			3.75		3.75		5		5	
70	CA023	Monitor patient following procedure/service, no multitasking										
71	CA024	Clean room/equipment by clinical staff							3			
72	CA024	Clean room/equipment by clinical staff	3				3				3	
73	CA025	Clean scope										
74	CA026	Clean surgical instrument package										
75	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions										
76	CA028	Review/read post-procedure x-ray, lab and pathology reports										
77	CA029	Check dressings, catheters, wounds										
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	3				3				3	
79	CA031	Review examination with interpreting MD/DO	2				2				2	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1				1				1	
81	CA033	Perform regulatory mandated quality assurance activity (service period)										
82	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry										
83	CA035	Review home care instructions, coordinate visits/prescriptions										
84	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
91		**End: Patient leaves office**										
92		**POST-SERVICE PERIOD**										
93		**Start: Patient leaves office/facility**										
94	CA037	Conduct patient communications					3	3	3	3	3	3
95	CA038	Coordinate post-procedure services										
96		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
102	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
109		**End: with last office visit before end of global period**										

	A	B	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2	**AT MEETING**	**Meeting Date:** January 2019 **Tab:** 9 Lumbar Puncture **Specialty:** ACR, ASNR, SIR, AANS/CNS, AAN	**77012**		**62270**		**62328**		**62272**		**62329**	
3		***RUC Collaboration Website***	*Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*		*Spinal puncture, lumbar, diagnostic;*		*Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance*		*Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);*		*Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**000**	**000**	**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 63.17**	**$ -**	**$ 67.69**	**$ -**	**$137.33**	**$ 1.11**	**$ 72.66**	**$ 1.11**	**$142.97**	**$ 1.11**
8		**TOTAL CLINICAL STAFF TIME**	**36**	**0**	**31**	**0**	**75**	**3**	**44**	**3**	**80**	**3**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**8**	**0**	**11**	**0**	**8**	**0**	**11**	**0**
10					*8*	*0*	*8*	*0*	*8*	*0*	*8*	*0*
11			*3*				*3*				*3*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**33**	**0**	**23**	**0**	**61**	**0**	**33**	**0**	**66**	**0**
13			*1*		*23*		*15.25*		*33*		*17.00*	
14			*32*				*46*				*49*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**3**	**3**	**3**	**3**	**3**	**3**
110	**Supply Code**	**MEDICAL SUPPLIES**										
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.17**	**$ -**	**$ 56.14**	**$ -**	**$ 61.17**	**$ -**	**$ 56.14**	**$ -**	**$ 61.17**	**$ -**
112	SA048	pack, minimum multi-specialty visit			1		1		1		1	
113	SA065	tray, lumbar puncture			1		1		1		1	
114	SA068	tray, spinal anesthesia										
115	SB001	cap, surgical			2		2		2		2	
116	SB006	drape, non-sterile, sheet 40in x 60in										
117	SB008	drape, sterile, c-arm, fluoro					1				1	
118	SB022	gloves, non-sterile					1				1	
119	SB024	gloves, sterile			2		2		2		2	
120	SB027	gown, staff, impervious			1		1		1		1	
121	SB028	gown, surgical, sterile			2		2		2		2	
122	SB033	mask, surgical			2		2		2		2	
123	SB044	underpad 2ft x 3ft (Chux)			1		1		1		1	
124	SC029	needle, 18-27g										
125	SC048	spinal manometer			1		1		1		1	
126	SC052	syringe 1ml										
127	SG021	bandage, strip 0.75in x 3in (Bandaid)										
128	SH047	lidocaine 1%-2% inj (Xylocaine)										
129	SJ053	swab-pad, alcohol										
130	SM013	disinfectant, surface (Envirocide, Sanizide)	1				1				1	
131	SB012	drape, sterile, for Mayo stand			1		1		1		1	
132		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
134	**Equipment Code**	**EQUIPMENT**										
135		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 48.28**	**$ -**	**$ 0.17**	**$ -**	**$ 46.56**	**$ -**	**$ 0.23**	**$ -**	**$ 50.12**	**$ -**
136	ED050	Technologist PACS workstation	33				39				41	
137	ED053	Professional PACS Workstation	43				30				32	
138	EF023	table, exam			34		15		48		20	
139	EL007	room, CT	9									
140	EL014	room, radiographic-fluoroscopic					26				28	
141												
142		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Genicular Injection and RFA – Tab 10

In May 2018, the CPT Editorial Panel approved the addition of two codes to report injection of anesthetic and destruction of genicular nerves by neurolytic agent. In October 2018, the RUC thoroughly discussed the issues surrounding the survey of this family of services. The RUC supported the specialty societies' request for CPT codes 64454, 64640, and 64624 to be resurveyed and presented at the January 2019 RUC meeting based on their concern that many survey respondents appeared to be confused about the number of nerve branch injections involved with these three codes. The RUC recommended resurveying these services for January 2019.

Compelling Evidence
The specialty societies presented compelling evidence for this family of codes based on a change in physician work due to changes in technique and change in patient population. CPT codes 64450 and 64640 both describe a single injection/ablation. In contrast, CPT code 64454 involves blocks for three different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee. CPT code 64624 involves ablation for three different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee. The two new codes include imaging guidance. Imaging, which is typical and necessary to perform these genicular nerve branch procedures, is bundled into codes 64454 and 64624.

Regarding the change in patient population, when CPT code 64640 was surveyed in 2011, the typical patient had a history of neuritis of the medial calcaneal nerve. The current top diagnosis codes for code 64640 are not related to the calcaneal nerve but to other inflammatory spondylopathies; mononeuropathies of lower limb; other joint disorders; spondylosis; and other unspecified dorsopathies. The change in patient population is a result of coding changes between the 2011 and 2019 surveys where the typical podiatric patient is now reported with a different code. The RUC concluded that the change in the typical patient now made the typical service described by code 64640 more intense and complex. Currently, clinicians are reporting services described by code 64624 with code 64640. Therefore, the typical patient has changed for code 64640. The RUC approved compelling evidence for the family based on change in patient population and a change in technique.

64454 ***Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed***
The RUC reviewed the survey results from 69 physicians and determined that the survey 25th percentile work RVU of 1.52 accurately reflects the physician work necessary for this service for pain management of chronic knee osteoarthritis. The RUC recommends 17 minutes pre-service evaluation time, 1 minute pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 18 minutes intra-service time and 10 minutes immediate post-service time.

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The RUC compared CPT code 64454 to the top key reference code 64493 *Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level* (work RVU = 1.52 and 15 minutes intra-service time) and noted the solid comparison with same amount of physician work and similar intra-service times. Over 3/4 of survey respondents indicated that the surveyed code was identical in overall intensity/complexity to the key reference code. For additional support, the RUC referenced CPT code 43197 *Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)* (work RVU = 1.52 and 15 minutes intra-service time) and noted similarly that this code has the same amount of physician work and nearly identical intra-service time. Further, the RUC compared the survey code to another injection code 62284 *Injection procedure for myelography and/or computed tomography, lumbar* (work RVU= 1.54 and 15 minutes intra-service time) and noted that this code involves similar physician work and intra-service time.

The RUC concluded that CPT code 64454 should be valued at the 25th percentile work RVU of 1.52 as supported by the survey and top key reference service and which is also consistent with the recommendation for the sacroiliac joint. **The RUC recommends a work RVU of 1.52 for CPT code 64454.**

64640 *Destruction by neurolytic agent; other peripheral nerve or branch*

The RUC reviewed the survey results from 60 physicians and determined that the survey 25th percentile work RVU of 1.98 accurately reflects the physician work necessary for this service which now involves a more complex patient. The RUC questioned the intra-service time which increased from 5 minutes to 20 minutes, and ultimately supported the survey results. It noted that since both the October 2018 and the January 2019 survey resulted in a median intra-service time of 20 minutes, this increase in time was appropriate and reflected the change in the intensity and complexity of the typical patient from the 2011 RUC survey to the current 2019 RUC survey. Furthermore, the increase in intra-service time supports an increase in work RVU. The RUC recommends 13 minutes pre-service evaluation time, 1 minute pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 20 minutes intra-service time and 9 minutes immediate post-service time, and 1-99212 office visit. While the survey data resulted in 1-99213 office visit, the RUC agreed that a 99212 was more appropriate and better reflected current practice.

The RUC compared CPT code 64640 to the top key reference code 64633 *Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint* (work RVU = 3.84 and 30 minutes intra-service time) and noted that it was appropriate for the reference code to be valued higher than the surveyed code because code 64633 includes imaging guidance while code 64640 does not. Survey respondents indicated that the survey code was either the same or of greater intensity than the reference code. The RUC also compared the survey code to the second key reference service code 64632 (*Destruction by neurolytic agent; plantar common digital nerve*) (work RVU = 1.23 and 5 minutes intra-service time) and noted that the survey code should be valued higher than code 64632 given the differences in intra-service times. CPT code 64632 has an intra time of 5 minutes versus 20 minutes for the survey code. The typical patient for code 64632 is a patient receiving an injection in the sole of their foot while the typical patient for code 64640 is a patient with severe pain involving the left chest wall. Survey respondents indicated that the survey code was either the same or of greater intensity than the reference code.

For additional support, the RUC referenced CPT code 17272 *Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm*) (work RVU = 1.82 and 22 minutes intra-service time) and CPT code 12031 *Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less*) (work RVU = 2.00 and 20 minutes intra-service time) and agreed that these codes appropriately bracket the survey code. The RUC

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concluded that CPT code 64640 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 1.98 for CPT code 64640.**

64624 ***Destruction by neurolytic agent genicular nerve branches including imaging guidance, when performed***
The RUC reviewed the survey results from 69 physicians and recommends a work RVU of 2.62 which is supported by a direct work RVU crosswalk to MPC code 11642 *Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm* (work RVU = 2.62, 25 minutes intra-service time and 68 minutes total time) and falls slightly above the survey 25th percentile. CPT code 64624 describes the destruction of three different nerve branches at three locations in order to *provide* analgesia for the respective knee. The crosswalked code describes excision of a malignant lesion. The physician work involved in the survey code is slightly more intense in that the destruction of three different nerve branches, if performed incorrectly would have the potential to produce irreversible tissue damage to other motor or sensory nerves in the vicinity of the knee. The RUC determined that the crosswalk is reasonable and appropriate in terms of times, intensity and physician work.

The RUC recommends 17 minutes pre-service evaluation time, 1 minute pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 25 minutes intra-service time and 10 minutes immediate post-service time, and 1-99212 office visit. The intra-service time of 25 minutes represents an increase of 5 minutes or 25 percent from the October 2018 survey. The RUC concluded that there was better understanding by survey respondents that the code described multiple injections in the more recent survey versus the October 2018 survey. While both the crosswalk code and the survey data had a 1-99213 office visit, the RUC agreed that a 99212 was more appropriate and better reflected current practice.

To further support a work RVU of 2.62, the RUC referenced CPT code 10061 *Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple* (work RVU = 2.45, 25 minutes intra-service time) and noted that the intra-service times are identical but the reference code has a lower intensity than both the crosswalk and survey code, and the survey code is therefore appropriately valued higher than the reference code. The RUC agrees with the direct crosswalk recommendation of 2.62 work RVUs and believes that it appropriately ranks this procedure within the family. **The RUC recommends a work RVU of 2.62 for CPT code 64624.**

Practice Expense
The Practice Expense Subcommittee accepted compelling evidence and made substantial changes to the equipment and the equipment minutes, corrected intra-service times, added minutes to code 64450 for CA006, and made changes to supplies. PE Subcommittee members questioned including both equipment items: mobile c-ARM room (EL018) at a purchase price of $151,200 and fluoroscopy table (EF024) at a purchase price of $227,650 to perform one service with fluoroscopy. The PE Subcommittee agreed that the C-arm does not include a table, so maintained the room, mobile c-ARM (EL018), removed the table, fluoroscopy (EF024) and added in the table, power (EF031) as a proxy for fluoroscopy table until invoices can be obtained to reprice the fluoroscopy table, which PE Subcommittee members agreed should have a purchase price between $10,000 and $15,000. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendation for CPT code *64450 Injection, anesthetic agent; other peripheral nerve or branch* (work RVU= 0.75, 7 minutes pre-service evaluation time, 1 minute pre-service positioning time, 1 minute pre-service scrub/dress/wait time, 5 minutes intra-service time and 5 minutes immediate post-service time). The relativity within the family remains correct. **The RUC affirms the work RVU of 0.75 for CPT code 64450.**

New Technology
The RUC recommends that this family of codes be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years in order to verify utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Nervous System **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic** *(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)* *(For epidural or subarachnoid injection, see 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)* *(64479-64487, 64490-64495 are unilateral procedures. For bilateral procedures, use modifier 50)* **Somatic Nerves** *64400 Injection, anesthetic agent; trigeminal nerve, any division or branch*				
(f)64450	H18	Injection, anesthetic agent; other peripheral nerve or branch	000	0.75 (Affirmed October 2018 RUC recommendation)
●64454	G1	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed (Do not report 64454 in conjunction with 64624) (64454 requires injecting all of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If all three of these genicular nerve branches are not injected, report 64454 with modifier 52)	000	1.52

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Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radiofrequency), Chemodenervation

Codes 64600-64681 include the injection of other therapeutic agents (eg, corticosteroids). Do not report diagnostic/therapeutic injections separately. Do not report a code labeled as destruction when using therapies that are not destructive of the target nerve (eg, pulsed radiofrequency), use 64999. For codes labeled as chemodenervation, the supply of the chemodenervation agent is reported separately.

(For chemodenervation of internal anal sphincter, use 46505)

(For chemodenervation of the bladder, use 52287)

(For chemodenervation for strabismus involving the extraocular muscles, use 67345)

(For chemodenervation guided by needle electromyography or muscle electrical stimulation, see 95873, 95874)

Somatic Nerves

64600 *Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch*

(f)64640	G2	Destruction by neurolytic agent; other peripheral nerve or branch	010	1.98
●64624	G3	Destruction by neurolytic agent genicular nerve branches including imaging guidance, when performed (64624 requires the destruction of each of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches, report 64624 with modifier 52) (Do not report 64624 in conjunction with 64454)	010	2.62

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American Society of Anesthesiologists™

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905 16th Street N.W. | Washington, D.C. 20006 | (202) 289-2222

December 19, 2018

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Re: Code 64450, Injection, anesthetic agent; other peripheral nerve or branch

Dear Dr. Smith:

At the October 2018 RUC meeting the RUC reviewed the survey results for code 64450 (*Injection, anesthetic agent; other peripheral nerve or branch*) from 88 physicians and agreed on the following physician time components: 7 minutes of pre-service evaluation, 1 minute of pre-service positioning, 1 minute of pre-service scrub/dress/wait, 5 minutes of intra-service time and 5 minutes of immediate post-service time. The RUC recommended a work RVU of 0.75 for this code.

At this meeting the RUC also facilitated a tab composed of CPT codes 64XX0 (*Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed*), 64640 (*Destruction by neurolytic agent; other peripheral nerve or branch*), and 64XX1 (*Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed*)). The RUC facilitated this tab and thoroughly discussed the issues surrounding the survey of this family of services. The specialties noted their concern that many survey respondents appeared to be confused about the number of nerve branch injections involved with these three codes. The RUC supported the specialty societies' request for CPT codes 64XX0, 64640, and 64XX1 to be resurveyed and recommended resurveying these services for January 2019 RUC meeting.

Since the services described by code 64XX0 are currently reported by code 64450, the RUC requested the specialties to also survey code 64450 for the January 2019 RUC meeting. There has been no change in the physician work for this code since the October 2018 meeting and the issues related to the resurvey of 644X0, 64640 and 64XX1 do not apply to this code. We do not believe a re-survey of code 64450 is necessary. The joint societies therefore recommend that the recently recommended RUC value and inputs for code 64450 (0.75 work RVU) are reaffirmed at the January 2019 RUC meeting.

We look forward to presenting our recommendations for codes 64XX0, 64640 and 64XX1 at the upcoming RUC meeting. Please contact Sharon Merrick, M.S. CCS-P, staff for the American Society of Anesthesiologists at 202-289-2222 or via email at s.merrick@asahq.org. Thank you for your consideration of this request.

Sincerely,

Eduardo Fraifeld, MD
Gregory Polston, MD
American Academy of Pain Medicine (AAPM)

Matthew Grierson, MD
American Academy of Physical Medicine and Rehabilitation (AAPM&R)

Richard Rosenquist, MD
American Society of Anesthesiologists (ASA)

Vikram Patel, MD
American Society of Interventional Pain Physicians (ASIPP)

Wesley Ibazebo, MD
Spine Intervention Society (SIS)

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 64454 Tracking Number Original Specialty Recommended RVU: **1.90**
Presented Recommended RVU: **1.52**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **1.52**

CPT Descriptor: Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old female has a 5-year history of persistent right knee pain that is interfering with her ability to complete activities of daily living. She has had poor control of her pain despite multiple medication trials and physical therapy. Due to her persistent, debilitating pain, a trial of genicular nerve blocks is scheduled to relieve her pain and improve her function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The proposed site of the procedure is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injection is prepared. The skin is cleansed with an antiseptic solution, sterile drapes are applied. The skin around the planned entry point is injected with local anesthetic. Perform a universal timeout procedure.

Description of Intra-Service Work: The appropriate skin and bony landmarks are identified. The procedure is performed under fluoroscopic guidance. The superolateral, superomedial and inferomedial genicular nerves are targeted adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur at the junctions of the shaft and the epicondyle. Under imaging guidance, the target areas are approached by introducing a spinal needle from either an anteroposterior or lateral entry point with the final position residing adjacent to the bone. After negative aspiration, local anesthetic is deposited at each of the sites. The needle and stylet are removed.

Description of Post-Service Work: The sites are covered with a sterile occlusive dressing. The patient is observed for bleeding or any adverse effects and for evidence of successful block. A procedure note is dictated/written and medical record entries are made.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Neal Cohen, MD (ASA); Eduardo Fraifeld, MD (AAPM); Matthew Grierson, MD (AAPM&R); Scott Horn, DO (SIS); Wesley Ibazebo, MD (SIS); Marc Leib, MD (ASA); Vikram Patel, MD (ASIPP); Gregory Polston, MD (AAPM); Richard Rosenquist, MD (ASA)				
Specialty Society(ies):	American Academy of Pain Medicine (AAPM); American Academy of Physical Medicine and Rehabilitation (AAPM&R); American Society of Anesthesiologists (ASA); American Society of Interventional Pain Physicians (ASIPP); Spine Intervention Society (SIS)				
CPT Code:	64454				
Sample Size:	7773	**Resp N:**	69	**Response:** 0.8 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	5.00	**15.00**	30.00	500.00
Survey RVW:	1.00	1.52	**1.90**	2.20	10.00
Pre-Service Evaluation Time:			**17.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	13.00	**18.00**	22.00	55.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	64454	**Recommended Physician Work RVU: 1.52**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64493	000	1.52	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	45,349

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20611	000	1.10	**RUC Time**	995,488

CPT Descriptor 2 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 35 **% of respondents:** 50.7 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 15.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 64454	Top Key Reference CPT Code: 64493	2nd Key Reference CPT Code: **64483**
Median Pre-Service Time	23.00	17.00	24.00
Median Intra-Service Time	18.00	15.00	15.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**51.00**	**42.00**	**49.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	77%	14%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	80%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	74%	9%
Physical effort required	9%	66%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	26%	69%	6%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	36%	36%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	45%	36%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	55%	36%
Physical effort required	0%	45%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	27%	36%	36%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 64454 (*Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed*) is a 0-day global code which was surveyed for the January 2019 RUC meeting by the American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Interventional Pain Physicians (ASIPP) and the Spine Intervention Society (SIS).

Code 64454 involves blocks for 3 different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee. It includes image guidance, when performed. The code was approved at the May 2018 CPT Editorial Panel meeting.

This code was previously surveyed for the October 2018 meeting. At the October 2018 RUC meeting, the specialties noted their concern that many survey respondents appeared to be confused about the number of nerve branch injections involved with two codes in the tab: 64454 and 64624. The RUC recommended resurveying the entire tab for the January 2019 RUC meeting. Unlike the October 2018 survey, the January 2019 survey included the code's parenthetical language which indicated that code 64454 involved blocks of three different nerve branches.

A total of 69 responses were received from a random sample of 7,773 clinicians (0.8% response rate). The survey conducted was robust and captured a wide variety of specialists who regularly perform the procedure and who showed recent experience with the procedure. The societies convened an expert panel to review the survey data. ***The societies are recommending the survey median of 1.90 wRVUs and a time of pre (7/1/1), intra (18 min) and post (10 min).*** This results in an IWPUT of: 0.083.

Survey Data: wRVU and Time

The expert panel reviewed the survey data for the January 2019 RUC meeting.

64454 Highlights from January 2018 Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.52	1.90	2.20
Pre		17/5/5	
Intra	13	18	22
Post		10	

97 percent of the survey respondents found the vignette to be typical.

The expert panel also reviewed the survey data from the October 2018 survey.

64454 Highlights from October 2018 Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.40	1.60	2.00
Pre		24/5/5	
Intra	10	15	20
Post		9	

Survey Time Data

The expert panel reviewed the survey data in developing their time recommendations.

- Pre-time: The expert panel is recommending an adjusted Non-Facility Pre Time Package 5 (adjusted) of 7/1/1. This pre-service package is consistent with other recently and/or currently reviewed nerve treatment by injection codes such as the family of somatic nerves reviewed at the October 2018 RUC meeting.
- Intra-time: The expert panel is recommending the survey median intra time of 18 minutes. This represents an increase of 3 minutes or 20 percent from the October 2018 survey which had a median intra time of 15 minutes.

The expert panel concluded that there was better understanding by survey respondents that the code described multiple injections in the more recent survey versus the October 2018 survey.

- Post time: The expert panel is recommending the survey median post time of 10 minutes. They felt this was also in-line with the post time of other recently and/or currently reviewed nerve treatment by injection codes such as the family of somatic nerves reviewed at the October 2018 RUC meeting.

wRVU Recommendation

After a robust discussion, the specialties are recommending the survey median of 1.90 wRVUs and physician time of pre (7/1/1), intra (18) and post (10). The expert panel considered a number of factors in determining the appropriateness of the recommendation.

- Reference codes: The top key reference code selected by survey respondents was code **64493** (*Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level*) valued at 1.52 wRVUs and the second key reference code was code **64483** (*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level*) valued at 1.90 wRVUs. The expert panel concluded that the recommended wRVU was supported by the reference codes selected by survey respondents.
  - 64493: The expert panel agreed that it was appropriate for the surveyed code 64454 to be valued more than the top reference code 64493 which was selected by 35 survey respondents. The survey respondents indicated that the surveyed code was either identical or of greater intensity than the reference code. The expert panel also noted that the reference code had intra time of three minutes less than the surveyed code
  - 64483: The expert panel agreed that is was appropriate for the surveyed code to be valued the same as the 2nd top key reference code 64483 which was selected by 11 survey respondents. The typical patient for 64483 presents with recurrent leg pain and the typical patient for 64454 presents with persistent knee pain. They noted that survey respondents indicated that the surveyed code was either the same or of greater intensity than the reference code.

- Building block comparison: The expert panel also considered the appropriateness of the recommendation by considering a building block approach. Code 64454 describes 3 injections which are described by code 64450 (*Injection, anesthetic agent; other peripheral nerve or branch*) valued at 0.75 wRVUs and imaging which is described by 77002 (*Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure*)) which is valued at 0.54 wRVUs. Applying the multi-procedure reduction policy all of these services add up to 2.04 wRVUs which is more than the recommended value of 1.90 wRVUs. The expert panel concluded that this provided further evidence of the appropriateness of the recommendation.
  - $0.75 + (.5\ (0.75 + 0.75)) + 0.54 = 2.04$ wRVUs

- Other comparison codes: The expert panel also identified comparison code reference codes which support the recommended value of 1.90 wRVUs.

Code #	Long Descriptor	Global	Work RVU	IWPUT	Intra Time
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	000	1.82	0.0858	15
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	000	1.90	0.0866	15
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed	**000**	**1.90**	**0.083**	**18**
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg,	000	1.95	0.0900	15

Code #	Long Descriptor	Global	Work RVU	IWPUT	Intra Time
	anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)				
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	000	2.29	0.1076	15

In summary, for code 64454 the societies are recommending 1.90 wRVUs and time of pre (7/1/1), intra (18 min) and post (10 min).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Code 64450

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Pain Management How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 87616
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate.

Specialty Anesthesiology Frequency 29000 Percentage 33.09 %

Specialty Pain Management Frequency 16000 Percentage 18.26 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,046 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization

Specialty Anesthesiology Frequency 12228 Percentage 34.89 %

Specialty Pain Management Frequency 10556 Percentage 30.12 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64450

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64640 Tracking Number Original Specialty Recommended RVU: **1.98**
Presented Recommended RVU: **1.98**
Global Period: 010 Current Work RVU: **1.23** RUC Recommended RVU: **1.98**

CPT Descriptor: Destruction by neurolytic agent; other peripheral nerve or branch

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old female presents with severe pain involving the left chest wall due to metastatic lung cancer with invasion of the chest wall. She is nearing the end of life and has failed multiple interventions and management. A diagnostic intercostal nerve block provided short term relief. The decision is made to perform a percutaneous neurolytic procedure of the intercostal nerve in order to obtain more prolonged relief.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 28% , In the ASC 33%, In the office 38%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Discuss and review the treatment options with the patient. Review X-rays and appropriate diagnostic studies. Review the procedure with the patient and any family members as appropriate, discuss possible complications and obtain patient consent. Apply monitors, obtain and review vital signs, examine proposed injection site and apply a grounding pad. Don hair cover, mask and sterile gloves. Prepare the injection by setting up the sterile tray with the appropriate supplies and drawing up local anesthetics. Place the patient in a prone position, cleanse the site of the proposed injection and place a sterile barrier on the patient. Inject local anesthetic to numb the skin and subcutaneous issues. Perform a universal time-out procedure.

Description of Intra-Service Work: Palpate the ribs to identify the affected intercostal nerve level. Palpate the inferior border of the rib and mark the proposed injection site. Insert a radiofrequency needle and direct it until it contacts the inferior border of the rib. Pull the radiofrequency needle back slightly and advance the needle under the inferior border of the rib. Aspirate carefully prior to injection to assure the absence of blood or air prior to the injection. Inject local anesthetic to numb the intercostal nerve prior to performing the radiofrequency ablation. Radiofrequency ablation is performed. The target tissue should reach 80 degrees for 90 seconds. Remove the needle.

Description of Post-Service Work: Apply a bandage. Obtain and review immediate post injection vital signs. Monitor the patient for any potential complications related to the injection. Instruct the patient and/or care giver on appropriate activities and home care. Discuss future management of the condition. Dictate notes for the patient's medical record. Dictate a procedure note and a letter to the patient's PCP/Referring Physician and/or insurance company. At the follow-up office visit, examine the patient and discuss treatment success or adverse reactions that may have occurred after the procedure. Revise the treatment plan(s) as necessary.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Neal Cohen, MD (ASA); Eduardo Fraifeld, MD (AAPM); Matthew Grierson, MD (AAPM&R); Scott Horn, DO (SIS); Wesley Ibazebo, MD (SIS); Marc Leib, MD (ASA); Vikram Patel, MD (ASIPP); Gregory Polston, MD (AAPM); Richard Rosenquist, MD (ASA)					
Specialty Society(ies):	American Academy of Pain Medicine (AAPM); American Academy of Physical Medicine and Rehabilitation (AAPM&R); American Society of Anesthesiologists (ASA); American Society of Interventional Pain Physicians (ASIPP); Spine Intervention Society (SIS)					
CPT Code:	64640					
Sample Size:	7773	**Resp N:**	60	**Response:** 0.7 %		
Description of Sample:	random					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	25.00	500.00
Survey RVW:	1.00	1.98	**3.10**	3.84	10.00
Pre-Service Evaluation Time:			**18.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	15.00	**20.00**	30.00	55.00

Immediate Post Service-Time:	**8.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	64640	**Recommended Physician Work RVU: 1.98**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**9.00**	**18.00**	**-9.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64633	010	3.84	**RUC Time**

CPT Descriptor Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64632	010	1.23	**RUC Time**

CPT Descriptor Destruction by neurolytic agent; plantar common digital nerve

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11403	010	1.84	**RUC Time**	47,796

CPT Descriptor 1 Excision, benign lesion including margins, except skin tab (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11601	010	2.07	**RUC Time**	26,641

CPT Descriptor 2 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
67840	010	2.09	**RUC Time**

CPT Descriptor Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 55 **% of respondents:** 91.6 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 5.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 64640	**Top Key Reference CPT Code:** 64633	**2nd Key Reference CPT Code:** **64632**
Median Pre-Service Time	19.00	29.00	10.00
Median Intra-Service Time	20.00	30.00	5.00
Median Immediate Post-service Time	9.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	19.00	0.00
Median Office Visit Time	16.0	23.00	16.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**64.00**	**116.00**	**36.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	70%	23%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	74%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	63%	33%
Physical effort required	7%	72%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	16%	51%	34%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	67%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 64640 (*Destruction by neurolytic agent; other peripheral nerve or branch*) is a 10-day global code which was surveyed for the January 2019 RUC meeting by the American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Interventional Pain Physicians (ASIPP) and the Spine Intervention Society (SIS). This code was previously surveyed for the October 2018 meeting and prior to that was surveyed in 2011.

At the October 2018 RUC meeting, the specialties noted their concern that many survey respondents appeared to be confused about the number of nerve branch injections involved with two of the other codes in the tab: 64454 and 64624. The RUC recommended resurveying the entire tab for the January 2019 RUC meeting.

A total of 60 responses were received from a random sample of 7,773 clinicians (0.7% response rate). The survey conducted was robust and captured a wide variety of specialists who regularly perform the procedure and who showed a significant amount of recent experience with the procedure. The societies convened an expert panel to review the survey data. ***The societies are recommending the survey 25th percentile of 1.98 wRVUs and a time of pre (13/1/5), intra (20 min) and post (8.5 min) and (1) 99212 office visit.*** This results in an IWPUT of: 0.048.

Survey Data: wRVU and Time

The expert panel reviewed the survey data for the January 2019 RUC meeting.

64640 Highlights from January 2018 Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.98	3.10	3.84
Pre		18/5/5	
Intra	15	20	30
Post		8.50	

The expert panel also reviewed the survey data from the October 2018 survey.

64640 Highlights from October 2018 Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.88	2.35	3.73
Pre		24.5/6/5	
Intra	15	20	29.25
Post		10	

Survey Time Data

The expert panel reviewed the survey data in developing their time recommendations.

- Pre-time: The expert panel is recommending the adjusted Facility Pre Time Package 1 (adjusted) of 13/1/5. This pre-service package is consistent with other recently and/or currently reviewed nerve treatment by injection codes such as the family of somatic nerves reviewed at the October 2018 RUC meeting.
- Intra-time: The expert panel is recommending the survey median intra time of 20 minutes. This represents an increase from the current intra time of 5 minutes. The expert Panel noted that since both the October 2018 and the January 2019 survey resulted in a median intra time of 20 minutes, they were comfortable that this increase in time was appropriate and reflected the change in the intensity and complexity of the typical patient from the 2011 RUC survey to the current 2019 RUC survey.
- Post time: The expert panel is recommending the survey median post time of 8.5 minutes. They felt this was probably a little low but still in-line with the post time of other recently and/or currently reviewed nerve treatment by injection codes such as the family of Somatic nerves reviewed at the October 2018 RUC meeting.

- Office visit: The expert panel is recommending 1-99212 office visit. While the survey data resulted in 1-99213 office visit, the expert panel concluded that a 99212 was more appropriate and better reflected current practice.

Recommendation

The specialties are recommending the 25th percentile of 1.98 wRVUs and physician time of pre (13/1/5), intra 20 and post (8.5) and 1-99212 office visit. Code 64640 is currently valued at 1.23 wRVUs with physician time of pre (10), intra (5) and post (5) and 1-99212 office visit.

- wRVU: The specialties recognize that their recommendation represents an increase of the current value from 1.23 wRVUs to 1.98 wRVUs. The expert panel concluded that this increase was appropriate because of the change in the typical patient which now made the typical service described by code 64640 more intense and complex.
    - Change in typical patient: The current vignette for the typical patient is a 50-year-old female who has a history of neuritis of the medial calcaneal nerve. This vignette was from the 2011 survey. For the January 2019 survey the typical patient is a 60-year-old female with severe pain involving the left chest wall due to metastatic lung cancer with invasion of the chest wall. The change in patient population is a result of coding changes in the intervening years where the typical podiatric patient is now reported with a different code. The new vignette is based on the current top diagnosis codes listed in the RUC database.
- Intra-service time: The expert panel also noted that the increase of intra-service time from 5 minutes to 20 minutes which likely reflected the change in the typical patient also provided additional justification for the increase in wRVUs. The recommended wRVU resulted in an IWPUT of 0.048 which seemed reasonable to the expert panel and aligns well with other similar codes.

Reference codes: The top key reference code selected by survey respondents was code **64633** (*Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint*) valued at 3.84 wRVUs and the second key reference code was code **64632** (*Destruction by neurolytic agent; plantar common digital nerve*) valued at 1.23 wRVUs. The expert panel concluded that the recommended wRVU was supported by the reference codes selected by survey respondents.

- 64633: The expert panel agreed that it was appropriate for 64633 to be valued more than the surveyed code 64640. Code 64633 included imaging guidance while 64640 did not. They noted that survey respondents indicated that the surveyed code was either the same or of greater intensity than the reference code.
- 64632: The expert panel agreed that is was appropriate for the surveyed code to be valued higher than code 64632. Code 64632 has an intra time of 5 minutes versus 20 minutes for the surveyed code. The typical patient for code 64632 is someone getting an injection in the sole of their foot while the typical patient for 64640 is someone with severe pain involving the left chest wall. They noted that survey respondents indicated that the surveyed code was either the same or of greater intensity than the reference code.

Other comparison codes: The expert panel also identified comparison code reference codes which support the recommended value of 1.98 wRVUs.

Code #	Long Descriptor	Global	Work RVU	IWPUT	Intra Time
11441	Excision, other benign lesion including margins, except skin tab (unless listed elsewhere) face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	010	1.53	0.0357	20
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement) scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	010	1.82	0.0480	22
64640	**Destruction by neurolytic agent; other peripheral nerve or branch**	**010**	**1.98**	**0.048**	**20**
12031	Repair, intermediate, wounds of scalp, axillae, trun and/or extremities (excluding hands and feet); 2.5 cm or less	010	2.00	0.0572	20
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	010	2.08	0.0576	20

Code #	Long Descriptor	Global	Work RVU	IWPUT	Intra Time
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	010	2.45	0.0392	25

In summary, the societies are recommending 1.98 wRVUs and time of pre (13/1/5), intra (20 min) and post (8.5 min) and (1) 99212 office visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Existing code 64640

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Pain Management How often? Commonly

Specialty Interventional Pain Management How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 328852
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on relative volume of Medicare utilization

Specialty Anesthesiology Frequency 77050 Percentage 23.42 %

Specialty Pain Management Frequency 74485 Percentage 22.65 %

Specialty Interventional Pain Management Frequency 55313 Percentage 16.82 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 109,617 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization

Specialty Anesthesiology	Frequency 25683	Percentage 23.42 %
Specialty Pain Management	Frequency 24828	Percentage 22.64 %
Specialty Interventional Pain Management	Frequency 18438	Percentage 16.82 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64640

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64624 Tracking Number Original Specialty Recommended RVU: **3.80**
Presented Recommended RVU: **3.29**
Global Period: 010 Current Work RVU: RUC Recommended RVU: **2.62**

CPT Descriptor: Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old female has a 5-year history of persistent right knee pain that is interfering with her ability to complete activities of daily living. She has had poor control of her pain despite multiple medication trials and physical therapy. Due to her persistent, debilitating pain, a trial of genicular nerve blocks was conducted and found to temporarily relieve her pain and improve her function. She is now scheduled for genicular nerve radiofrequency lesioning to provide longer term sustained pain relief.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 29% , In the ASC 36%, In the office 35%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The proposed site of the procedure is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injection is prepared. The skin is cleansed with an antiseptic solution, sterile drapes are applied. The skin around the planned entry point is injected with local anesthetic. Perform a universal time-out procedure.

Description of Intra-Service Work: The appropriate skin and bony landmarks are identified. The procedure is performed under fluoroscopic guidance. The superolateral, superomedial and inferomedial genicular nerves are targeted adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur at the junctions of the shaft and the epicondyle. Under imaging guidance, a radiofrequency cannula is guided from either an anteroposterior or lateral entry point with the final position residing adjacent to the bone. Motor stimulation is also performed to ensure the absence of adjacent motor fibers. After positive confirmation of sensory placement and negative motor testing, local anesthetic is administered adjacent to the nerve to mitigate pain associated with radiofrequency lesioning. Radiofrequency ablation is performed. The target tissue should reach 80 degrees for 90 seconds. The needle and stylet are removed,.

Description of Post-Service Work: The sites are covered with a sterile occlusive dressing. The patient is observed for bleeding or any adverse effects and for evidence of successful block. A procedure note is dictated/written and medical record entries are made. The patient is discharged after a period of monitoring and when there is independent ambulation. At the follow-up office visit, the patient is examined and treatment success or adverse reactions that may have occurred after the procedure are discussed. Revise the treatment plan(s) as necessary. Dictate notes for the patient's medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Neal Cohen, MD (ASA); Eduardo Fraifeld, MD (AAPM); Matthew Grierson, MD (AAPM&R); Scott Horn, DO (SIS); Wesley Ibazebo, MD (SIS); Marc Leib, MD (ASA); Vikram Patel, MD (ASIPP); Gregory Polston, MD (AAPM); Richard Rosenquist, MD (ASA)					
Specialty Society(ies):	American Academy of Pain Medicine (AAPM); American Academy of Physical Medicine and Rehabilitation (AAPM&R); American Society of Anesthesiologists (ASA); American Society of Interventional Pain Physicians (ASIPP); Spine Intervention Society (SIS)					
CPT Code:	64624					
Sample Size:	7773	**Resp N:**	69	**Response:** 0.8 %		
Description of Sample:	random					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	20.00	500.00
Survey RVW:	1.00	2.50	**3.80**	4.00	10.00
Pre-Service Evaluation Time:			**20.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	16.00	**25.00**	36.00	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	64624	**Recommended Physician Work RVU: 2.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**17.00**	**17.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64633	010	3.84	**RUC Time**

CPT Descriptor Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64632	010	1.23	**RUC Time**

CPT Descriptor Destruction by neurolytic agent; plantar common digital nerve

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64635	010	3.78	**RUC Time**	309,137

CPT Descriptor 1 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64561	010	5.44	**RUC Time**	14,924

CPT Descriptor 2 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed

Other Reference CPT Code	Global	Work RVU	Time Source
36578	010	3.29	**RUC Time**

CPT Descriptor Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 43 **% of respondents:** 62.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 8.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 64624	Top Key Reference CPT Code: 64633	2nd Key Reference CPT Code: 64632
Median Pre-Service Time	23.00	29.00	10.00
Median Intra-Service Time	25.00	30.00	5.00
Median Immediate Post-service Time	10.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	19.00	0.00
Median Office Visit Time	16.0	23.00	16.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**74.00**	**116.00**	**36.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	60%	28%	2%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	73%	18%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	61%	19%
Physical effort required	13%	57%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	53%	18%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	100%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	0%	67%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	33%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Code 64624 (*Destruction by neurolytic agent genicular nerve branches (includes image guidance, when performed*) is a new 10-day global code which was surveyed for the January 2019 RUC meeting by the American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), the American Society of Interventional Pain Physicians (ASIPP) and the Spine Intervention Society (SIS).

Code 64624 describes the destruction of 3 different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee. The code was approved at the May 2018 CPT Editorial Panel meeting.

At the October 2018 RUC meeting, the specialties noted their concern that many survey respondents appeared to be confused about the number of nerve branch injections involved with two codes in the tab: 64454 and 64624. The RUC recommended resurveying the entire tab for the January 2019 RUC meeting. Unlike the October 2018 survey, the January 2019 survey included the code's parenthetical language which indicated that code 64624 involved destruction of three different nerve branches.

A total of 69 responses were received from a random sample of 7,773 clinicians (0.8% response rate). The survey conducted was robust and captured a wide variety of specialists who regularly perform the procedure and who showed recent experience with the procedure. The societies convened an expert panel to review the survey data. ***The societies are recommending a value of 3.29 wRVUs and a time of pre (13/1/5), intra (25 min), post (10 min) and (1) 99212 office visit.*** This results in an IWPUT of: 0.089. This recommendation is based on a crosswalk to code 36578 (*Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site*).

This recommendation has been reduced in response to reviewer comments from the original recommendation of the survey median of 3.80 wRVUs.

Survey Data: wRVU and Time

The expert panel reviewed the survey data for the January 2019 RUC meeting.

64624 Highlights from January 2018 Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.50	3.80	4.00
Pre		20/5/5	
Intra	16	25	36
Post		10	

99 percent of the survey respondents found the vignette to be typical.

The expert panel also reviewed the survey data from the October 2018 survey.

64624 Highlights from October 2018 Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.10	3.50	3.90
Pre		25/6/5	

Intra	15	20	30
Post		10	

Time Recommendations

The expert panel reviewed the survey data in developing their time recommendations.

- Pre-time: The expert panel is recommending an adjusted Facility Pre Time Package 1 (adjusted) of 13/1/5. This pre-service package is consistent with other recently and/or currently reviewed nerve treatment by injection codes such as the family of somatic nerves reviewed at the October 2018 RUC meeting.
- Intra-time: The expert panel is recommending the survey median intra time of 25 minutes. This represents an increase of 5 minutes or 25 percent from the October 2018 survey which had a median intra time of 20 minutes. The expert panel concluded that there was better understanding by survey respondents that the code described multiple injections in the more recent survey versus the October 2018 survey.
- Post time: The expert panel is recommending the survey median post time of 10 minutes. They felt this was also in-line with the post time of other recently and/or currently reviewed nerve treatment by injection codes such as the family of somatic nerves reviewed at the October 2018 RUC meeting.
- Office visit: The expert panel is recommending 1-99212 office visit. While the survey data resulted in 1-99213 office visit, the expert panel concluded that a 99212 was more appropriate and better reflected current practice.

wRVU Recommendation

In response to reviewer comments, the specialties reduced the wRVU recommendation from the original recommendation of 3.80 wRVUs (survey median) to 3.29 wRVUs.

Rationale: Crosswalk

The rationale for the recommendation of 3.29 is a crosswalk to CPT code 36578.

Code	Descriptor	Global	Pre-Time	Intra Time	Post Time	Other Hospital	Office Visits	IWPUT
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	10	10/6/10	30	15	.5 - 99238	1-99212	0.0465

In selecting a crosswalk, the expert panel did a thorough review of the RUC database of recently reviewed, 10-day globals with intra time of around 25 minutes and found very few options. While the reviewers found that code 36578 was generally reasonable, they did find some limitations on the comparisons of these two codes. For example, while the surveyed code 64624 included imaging, the crosswalk, code 36578, does not include imaging.

Despite the limitations of this crosswalk, the expert panel did consider a number of factors in determining the reasonableness of this revised recommendation.

Building Block Analysis

In assessing the appropriateness of the value, the expert panel also considered a building block analysis of the service. Code 64624 describes ablation of three nerves (currently reported by code 64640, *Destruction by neurolytic agent; other peripheral nerve or branch*) and image guidance (currently reported by 77002, *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure*)).

- The specialties are recommending 1.98 wRVUs for code 64640 at the January 2019 meeting and code 77002 has a current value of 0.54 wRVU.
    - [(1.98) + 0.5(1.98 + 1.98) + 0.54] = 4.50 wRVUs

The building block analysis resulted in a value of 4.50 wRVU. The expert panel felt that this provided further evidence of the appropriateness of the recommendation of 3.29 wRVUs.

Relativity to Other Similar Codes Surveyed at this January 2019 RUC Meeting

In developing this recommendation, the expert panel considered a similar code being presented at this meeting. Code 6XX01 (*Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography*) is part of Tab 8. The recommendation for this code is 3.91 wRVUs. Code 6XX01 is a 10-day global that describes the ablation of four nerves around the sacroiliac joint. It has intra-time of 30 minutes. Since code 64624 describes the ablation of three nerves in the genicular area, the expert panel agreed that the wRVU difference between the two codes (3.91 versus 3.29) was appropriate.

Reference Codes

The top key reference code which was selected by 43 survey respondents was code **64633** (*Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint*) valued at 3.84 wRVUs and the second key reference code which was selected by six survey respondents was code **64632** (*Destruction by neurolytic agent; plantar common digital nerve*) valued at 1.23 wRVUs. The expert panel concluded that the recommended wRVU was supported by the reference codes selected by survey respondents.

- 64633: Code 64633 is valued at 0.55 wRVUs more than the recommended value for the surveyed code 64624 and was selected overwhelmingly by survey respondents (43 survey respondents). Code 64633 has 5 minutes more of intra service time than 64624 (30 minutes versus 25 minutes). Both codes include imaging. The expert panel agreed that the relationship between these two codes was appropriate. They noted that survey respondents indicated that the surveyed code was either the same or of greater intensity than the reference code.
- 64632: The expert panel agreed that is was appropriate for the surveyed code to be valued higher than code 64632. Code 64632 has an intra time of 5 minutes versus 25 minutes for the surveyed code. The typical patient for code 64632 is someone getting an injection in the sole of their foot while the typical patient for 64624is someone with a history of persistent knee pain. They noted that 100% of the survey respondents indicated that the surveyed code had somewhat more overall intensity/complexity.

In summary, for code 64624 the societies are recommending 3.29 wRVUs and time of pre (13/1/5), intra (25 min), post (10 min) and (1) 99212 office visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64640

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Interventional Pain How often? Commonly

Specialty Pain Management How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 52569
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on relative volume of Medicare utilization

Specialty Anesthesiology Frequency 13842 Percentage 26.33 %

Specialty Interventional Pain Frequency 6834 Percentage 13.00 %

Specialty Pain Management Frequency 6429 Percentage 12.22 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 21,028 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization

Specialty Anesthesiology Frequency 5537 Percentage 26.33 %

Specialty Interventional Pain Frequency 2734 Percentage 13.00 %

Specialty Pain Management Frequency 2572 Percentage 12.23 %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64640

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Genicular Injection and RFA

TAB: 10

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
CURRENT	64450	Injection, anesthetic agent; other peripheral nerve or branch		0.083			0.75			20	10					5			5																								
SVY, October 2018	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	88	0.061	0.50	1.00	1.34	1.80	6.50	46	21	5	5	1	5	10	15	45	5																				0	12	26	60	1475
OCTOBER 2018 RUC Recommendation	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		0.090			0.75			19	7	1	1			5			5																								
JANUARY 2019 REAFFIRM, Oct 2018 RUC Recommendation	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		0.090			0.75			19	7	1	1			5			5																								

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
1st REF	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	35	0.066			1.52			42	7	5	5			15			10																								
2nd REF	64483	Injection(s), anesthetic agent andor steroid, transforaminal epidural, with imaging guidance (fluroscopy or CT); lumbar or sacral, single	11	0.082			1.90			49	13	5	6			15			10																								
CURRENT	64454			#DIV/0!						0																																		
SVY, October 2018	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed	76	0.047	0.50	1.40	1.60	2.00	6.00	58	24	5	5	0	10	15	20	60	9																				0	6	20	33	500
SVY, January 2019	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed	69	0.063	1.00	1.52	1.90	2.20	10.00	55	17	5	5	1	13	18	22	55	10																				0	5	15	30	500
January 2019 Recommendati	64454	Survey 25th percentile		0.047			1.52			51	17	1	5			18			10																								

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
1st REF	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	43	0.044			3.84			116	18	5	6			30			15						0.5								1											
2nd REF	64632	Destruction by neurolytic agent; plantar common digital nerve	6	0.083			1.23			36	10					5			5															1										
CURRENT	64624			#DIV/0!						0																																		
SVY, October 2018	64624	Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)	71	0.079	1.00	2.10	3.50	3.90	15.36	89	25	6	5	0	15	20	30	80	10														1							0	3	10	25	400
SVY, January 2019	64624	Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)	69	0.080	1.00	2.50	3.80	4.00	10.00	88	20	5	5	1	16	25	36	90	10														1							0	4	10	20	500
CROSSWALK	11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm		0.048			2.62			68	15					25			5															1										
January 2019 Recommendati	64624	CROSSWALK		0.059			2.62			74	17	1	5			25			10																1										

					RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
1st REF	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	55	0.044			3.84			116	18	5	6			30			15						0.5								1											
2nd REF	64632	Destruction by neurolytic agent; plantar common digital nerve	3	0.083			1.23			36	10					5			5															1										
CURRENT	64640	Destruction by neurolytic agent; other peripheral nerve or branch		0.083			1.23			36	10					5			5															1										
SVY, October 2018	64640	Destruction by neurolytic agent; other peripheral nerve or branch	58	0.022	1.00	1.88	2.35	3.73	9.00	88.5	24.5	6	5	1	15	20	29	80	10														1							0	4	15	30	600
SVY, January 2019	64640	Destruction by neurolytic agent; other peripheral nerve or branch	60	0.069	1.00	1.98	3.10	3.84	10.00	79.5	18	5	5	1	15	20	30	55	8.5														1							0	5	10	25	500
January 2019 Recommendation	64640	Survey 25th		0.047			1.98			64	13	1	5			20			9															1										

CPT Code:__64454, 64640, 64624_____
Specialty Society__ASA, AAPM&R, AAPM, ASIPP, SIS__

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

- 64454, Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed
- 64624, Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)
- 64640, Destruction by neurolytic agent; other peripheral nerve or branch

Global Period: 0 days (64454) 010 days (64640 and 64624) Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Code 64454: Using the current direct PE inputs of code 64450 as the reference code
   Code 64640 and 64624: Using the current direct PE inputs of code 64640 as the reference code

3. Is this code(s) typically billed with an E/M service? *No*

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

Codes 64640 and 64624: Table, exam (default formula)

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item:

Code	Description	Explanation
CA002	Coordinate pre-surgery services (including test results)	
CA003	Schedule space and equipment in facility	
CA005	Complete pre-procedure phone calls and prescription	Staff explains where to come for the appointment, checks medications, runs through list of medical conditions, makes sure the patient is off anti-coagulation drugs, confirms if patient uses BP medications, walks the patient through the procedure, confirms whether a driver is available for a ride home and answers patient questions.
CA006	Confirm availability of prior images/studies	
CA039	Post-operative visits (total time)	
EF023	Table, exam	Used during follow-up procedure
EQ354	Radiofrequency kit for destruction by neurolytic agent	Used for the two destruction procedures

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

- 64454, Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed
- 64624, Destruction by neurolytic agent genicular nerve branches (including imaging guidance, when performed)
- 64640, Destruction by neurolytic agent; other peripheral nerve or branch

Global Period: 0 days (64454) 010 days (64640 and 64624) Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Code 64454: Using the current direct PE inputs of code 64450 as the reference code
   Code 64640 and 64624: Using the current direct PE inputs of code 64640 as the reference code

3. Is this code(s) typically billed with an E/M service? *No.*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No.*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility?
   Codes 64454 and 64624: New codes- N/A
   Code 64640: Podiatry 27%

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Codes 64454 and 64624: New codes- N/A
   Code 64640: 45%

   Is the dominant provider in the nonfacility different then for the global?
   Codes 64454 and 64624: New codes- N/A
   Code 64640: Yes. For the global, the dominant specialty is Anesthesiology (23%)

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they

are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

Codes 64454 and 64624: N/A
Code 64640: We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: BP, RR, Pulse, Temp, O2 sat.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

Code 64454:

Technologist PACS workstation	*PACS*
mayo stand	*Default*
table, fluoroscopy	*Default*
room, mobile c-ARM	*Highly technical*
ECG, 3-channel (with SpO2, NIBP, temp, resp)	*Other*
light, exam	*Default*

The formula for ECG, 3-channel is the sum of the values included in the default formula, plus the time that the patient is monitored post-service of the service period.

Code 64640

mayo stand	*Default*
Table, power	*Default*
ECG, 3-channel (with SpO2, NIBP, temp, resp)	*Other*
light, exam	*Default*
nerve stimulator (eg, for nerve block)	*Default*
radiofrequency generator (NEURO)	*Default*
radiofrequency kit for destruction by neurolytic agent	*Default*

The formula for ECG, 3-channel is the sum of the values included in the default formula, plus the time that the patient is monitored post-service of the service period.

Code 64624

Technologist PACS workstation	*PACS*
mayo stand	*Default*
table, fluoroscopy	*Default*
room, mobile c-ARM	*Highly technical*
ECG, 3-channel (with SpO2, NIBP, temp, resp)	*Other*
light, exam	*Default*
nerve stimulator (eg, for nerve block)	*Default*
radiofrequency generator (NEURO)	*Default*
radiofrequency kit for destruction by neurolytic agent	*Default*

The formula for ECG, 3-channel is the sum of the values included in the default formula, plus the time that the patient is monitored post-service of the service period.

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

18. Please include an explanation of each line item:

Code	Description	Explanation
CA005	Complete pre-procedure phone calls and prescription	Staff explains where to come for the appointment, checks medications, runs through list of medical conditions, makes sure the patient is off anti-coagulation drugs, confirms if patient uses BP medications, walks the patient through the procedure, confirms whether a driver is available for a ride home and answers patient questions.
CA006	Confirm availability of prior images/studies	
CA009	Greet patient, provide gowning, ensure appropriate medical records are available	
CA010	Obtain vital signs	Blood pressure, respiratory rate, pulse, temperature, O2 saturation are all measured
CA011	Provide education/obtain consent	
CA013	Prepare room, equipment and supplies	Separate preparations are made by the nursing and rad tech staff for the X0 and X1 codes
CA014	Confirm order, protocol exam	
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
CA018	Assist physician or other qualified healthcare professional - directly	For the X0 and X1 codes, this is completed by both the nurse and the rad tech
CA022	Monitor the patient following procedure/service, multitasking 1:4	Patient is monitored for 20 minutes while multitasking (total of 5 minutes)
CA024	Clean room/equipment by clinical staff	
CA029	Check dressings, catheters, wounds	
CA030	Technologist QCs images in PACS, checking for all images, reformats, and dose page	Images are required for the X0 and X1 codes
CA031	Review examination with interpreting MD/DO	Images are required for the X0 and X1 codes
CA032	Scan exam documents in PACS. Complete exam in RIS system to populate images into work queue	Images are required for the X0 and X1 codes
CA035	Review home care instructions, coordinate visits/prescriptions	
CA039	Post-operative visits (total time)	
SB001	Cap, surgical	Sterile attire for the MD. For the destruction codes, a cap is also required for the nurse and rad tech.
SB024	Gloves, sterile	Sterile attire for the MD
SB028	Gown, surgical, sterile	Sterile attire for the MD
SB033	Mask, surgical	Sterile attire required for the MD and other staff present in the room
SB027	Gown, staff, impervious	Sterile attire for staff

SB022	Gloves, non-sterile	Sterile attire for staff
SK075	Skin marking pen, sterile (Skin Skribe)	Used to mark injection sites
SB026	Gown, patient	Used to cover patient while allowing access to injection site.
SB004	Cover, thermometer probe	Used for taking vitals
SB036	Paper, exam table	
SB044	Underpad 2ft x 3ft (Chux)	Used under patient to collect fluid that may drain during the procedure to the table
SB037	Pillow case	Two pillows are needed for the X0 and X1 procedures – one under the head and one between the knees
SJ081	Swab, patient prep, 1.5 ml (chloraprep)	Used to prep the injection sites
SB011	Drape, sterile, fenestrated 16in x 29in	
SB019	Drape-towel, sterile 18in x 26 in	
SB008	Drape, sterile, c-arm, fluoro	Used only for the X0 and X1 codes that require fluoroscopic guidance
SD269	Grounding pad	
SB012	Drape, sterile, for Mayo stand	Used to hold supplies during the procedures
SC029	Needle, 18-27g	Used for local anesthetic for all codes and used for the injectate for code 64640
SC051	Syringe 10-12ml	Used for the anesthetic and injectate for X0 and X1
SH047	Lidocaine 1%-2% inj (Xylocaine)	Local anesthetic – for 64640 (1 nerve) 5cc are used as well as 3cc for the injectate (8 total), for X0 and X1 (3 nerves) 10cc are used as anesthetic only.
SD050	Electrode needle, injectable (Myoject)	
SD087	Guide, needle, for localization	
SD011	Cannula (radiofrequency denervation) (SMK-C10)	Used for denervation procedures
SC028	Needle, 18-26g, 1.5-3.5in, spinal	Used for injectate for X0 code
SC057	Syringe 5-6ml	Used for anesthetic and injectate for 64640 (lower volume for single injection code)
SH021	Bupivacaine 0.25% inj (Marcaine)	Injectate, increased amount required for X0 and X1 to account for 3 nerves.
SJ001	Alcohol isopropyl 70%	Used to clean skin post-procedure
SG021	Bandage, strip 0.75in x 3in (Bandaid)	Used post-procedure for site(s) of injection
SG055	Gauze, sterile 4in x 4in	Used for the single injection (64640)
SG056	Gauze, sterile 4in x 4in (10 pack)	Used for multiple injections (X0 and X1)
SL259	Bleach cleaning wipe	Used to clean the table
EF024	Table, fluoroscopy	Used for image guided procedures X0 and X1
EF031	Table, power	Used for 64640 since imaging is not performed
EL018	Room, mobile c-Arm	
EQ354	Radiofrequency kit for destruction by neurolytic agent	Used for the two destruction procedures
EQ168	Light, exam	
ED050	Technologist PACS workstation	Used for capturing and storing images for the X0 and X1 codes

EQ214	Radiofrequency generator (NEURO)	Used during denervation procedures
EQ184	Nerve stimulator (eg, for nerve block)	Used during denervation procedures
EF015	Mayo stand	Used to hold supplies for the procedure
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	Used both during the procedure and during monitoring time

	A	B	C	D	E	F	G	H
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**64450**	
3		***RUC Collaboration Website***					Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 10 Genicular injection and RFA** **Specialty: ASA, AAPMR, AAPM, ASIPP, SIS**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**		
5		**LOCATION**					**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 19.11**	**$ 6.29**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**50.0**	**17.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**8.0**	**14.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**39.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ 18.50**	**$ 6.29**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L037D	RN/LPN/MTA	0.37		3
16	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37		
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L037D	RN/LPN/MTA	0.37		3
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37	5	5
19	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	L037D	RN/LPN/MTA	0.37	3	3
20	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes.	L037D	RN/LPN/MTA	0.37		
21	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37		
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	0	L037D	RN/LPN/MTA	0.37		
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	Standard time for this activity is 3 minutes.	L037D	RN/LPN/MTA	0.37	3	
34	CA010	Obtain vital signs	Vital Sign Standards	L037D	RN/LPN/MTA	0.37	3	
35	CA011	Provide education/obtain consent	Include only the additional	L037D	RN/LPN/MTA	0.37		
36	CA012	Review requisition, assess for special needs	0	L037D	RN/LPN/MTA	0.37		
37	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA	0.37	2	
38	CA013	Prepare room, equipment and supplies	2 minute standard	L041B	Radiologic	0.41		
39	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37		
40	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the	L037D	RN/LPN/MTA	0.37		
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA	0.37	2	
42	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L037D	RN/LPN/MTA	0.37		
49		**Intra-service (of service period)**						
50	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other qualified	L037D	RN/LPN/MTA	0.37	5	
51	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other qualified	L041B	Radiologic	0.41		
52	CA019	Assist physician or other qualified healthcare professional---directly	67% of physician or other qualified	L037D	RN/LPN/MTA	0.37		
53	CA020	Assist physician or other qualified healthcare professional---directly	other% of physician or other qualified	L037D	RN/LPN/MTA	0.37		
54	CA021	Perform procedure/service---NOT directly related to physician work time	0	L037D	RN/LPN/MTA	0.37		
61		**Post-Service (of service period)**						
62	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the	L037D	RN/LPN/MTA	0.37	20	
63	CA023	Monitor patient following procedure/service, no multitasking	0	L037D	RN/LPN/MTA	0.37		
64	CA024	Clean room/equipment by clinical staff	3 minute standard	L037D	RN/LPN/MTA	0.37	3	
65	CA025	Clean scope	Standards For Scope Cleaning	L037D	RN/LPN/MTA	0.37		
66	CA026	Clean surgical instrument package	Standard for cleaning instruments *Must have instrument package included in	L037D	RN/LPN/MTA	0.37		
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	0	L037D	RN/LPN/MTA	0.37		
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	0	L037D	RN/LPN/MTA	0.37		
69	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37	1	
70	CA030	Technologist QC's images in PACS, checking for all images, reformats,	Baseline time for this activity is 2 minute. For	L041B	Angio Tech	0.41		
71	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute.	L041B	Angio Tech	0.41		
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to	Standard time for this activity is 1 minute.	L041B	Angio Tech	0.41		
73	CA033	Perform regulatory mandated quality assurance activity (service period)	0	L037D	RN/LPN/MTA	0.37		
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	0	L037D	RN/LPN/MTA	0.37		
75	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes.	L037D	RN/LPN/MTA	0.37		
76	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter	L037D	RN/LPN/MTA	0.37	**n/a**	
83		**End: Patient leaves office**						
84		**POST-SERVICE PERIOD**						
85		**Start: Patient leaves office/facility**						
86	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute	L037D	RN/LPN/MTA	0.37	3	3
87	CA038	Coordinate post-procedure services	0	L037D	RN/LPN/MTA	0.37		
88		***Office visits: List Number and Level of Office Visits***		**MINUTES**			**# visits**	**# visits**
89		99211 16 minutes		16				
90		99212 27 minutes		27				
91		99213 36 minutes		36				
92		99214 53 minutes		53				
93		99215 63 minutes		63				
94	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**
101		**End: with last office visit before end of global period**						

	A	B	C	D	E	F	G	H
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***					**64450**	
3		***RUC Collaboration Website***					Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 10 Genicular injection and RFA** **Specialty: ASA, AAPMR, AAPM, ASIPP, SIS**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**		
5		**LOCATION**					**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 19.11**	**$ 6.29**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**50.0**	**17.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**8.0**	**14.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**39.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37	**3.0**	**3.0**
102	**Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**			
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ 0.19**	**$ -**
104	SB001	cap, surgical		0.4417	item			
105	SA041	pack, basic injection		11.365	pack			
106	SA048	pack, minimum multi-specialty visit		2.1122	pack			
107	SH023	chlorhexidine 0.12% (Peridex)		0.481	oz			
108	SH022	bupivacaine 0.5% inj (Marcaine)		0.11	ml			
109	SB024	gloves, sterile		0.8575	pair			
110	SB028	gown, surgical, sterile		4.7858	item			
111	SB033	mask, surgical		0.1745	item			
112	SB027	gown, staff, impervious		1.186	item			
113	SB022	gloves, non-sterile		0.138	pair			
114	SK075	skin marking pen, sterile (Skin Skribe)		1.191	item			
115	SB026	gown, patient		0.547	item			
116	SB004	cover, thermometer probe		0.0835	item			
117	SB036	paper, exam table		0.014	foot			
118	SB044	underpad 2ft x 3ft (Chux)		0.2525	item			
119	SB037	pillow case		0.3478	item			
120	SJ081	swab, patient prep, 1.5 ml (chloraprep)		1.0525	item			
121	SB011	drape, sterile, fenestrated 16in x 29in		0.5753	item			
122	SB019	drape-towel, sterile 18in x 26in		0.329	item			
123	SB008	drape, sterile, c-arm, fluoro		4.723	item			
124	SD269	Grounding pad		2.5925	item			
125	SB012	drape, sterile, for Mayo stand		1.5335	item			
126	SC029	needle, 18-27g		0.0767	item			
127	SC051	syringe 10-12ml		0.1905	item		1	
128	SH047	lidocaine 1%-2% inj (Xylocaine)		0.0413	ml			
129	SD050	electrode needle, injectable (Myoject)		21.2725	item			
130	SD087	guide, needle, for localization		13.385	item			
131	SD011	cannula (radiofrequency denervation) (SMK-C10)		24.8075	item			
132	SC028	needle, 18-26g 1.5-3.5in, spinal		4.9755	item			
133	SC057	syringe 5-6ml		0.145	item			
134	SH021	bupivacaine 0.25% inj (Marcaine)		0.3155	ml			
135	SJ001	alcohol isopropyl 70%		0.009	ml			
136	SG021	bandage, strip 0.75in x 3in (Bandaid)		0.1347	item			
137	SG055	gauze, sterile 4in x 4in		0.167	item			
138	SG056	gauze, sterile 4in x 4in (10 pack uou)		0.899	item			
139	SL259	Bleach cleaning wipe		0.8775	item			
140		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
142	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**		
143		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ 0.42**	**$ -**
144	EF024	table, fluoroscopy		227650.733	Default	0.46429447		
145	EF031	table, power		6091.913		0.016166271		
146	EF023	table, exam		2188.0593	Office Visits	0.004867106	79	
147	EF023	table, exam		2188.0593	Default	0.004867106		
148	EL018	room, mobile c-ARM		151200	Highly Technical	0.572899695		
149	EQ211	pulse oximeter w-printer		1424.36		0.00459731		
150	EQ354	radiofrequency kit for destruction by neurolytic agent		2695	Default	0.040425		
151	EQ168	light, exam		1530.8117	Default	0.004062356		
152	ED050	Technologist PACS workstation		5557	PACS	0.022017924		
153	EQ214	radiofrequency generator (NEURO)		34018.25	Default	0.131825045		
154	EQ184	nerve stimulator (eg, for nerve block)		572.3	Default	0.001847174	19	
155	EF015	mayo stand		528.771	Default	0.001176195		
156	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)		4026.625	Other Formula	0.012996464		
157		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

	A	B	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECO**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**64450**		**64454**		**64640**		**64640**		**(**
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 10 Genicular injection and RFA Specialty: ASA, AAPMR, AAPM, ASIPP, SIS**	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent; other peripheral nerve or branch		Destructic agent ge branch imaging g per
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 34.09**	**$ 5.18**	**$102.71**	**$ 5.18**	**$ 53.12**	**$ 21.14**	**$116.96**	**$ 15.30**	**$216.34**
8		**TOTAL CLINICAL STAFF TIME**	**44.0**	**14.0**	**78.0**	**14.0**	**73.0**	**57.0**	**86.0**	**41.0**	**119.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5.0**	**11.0**	**5.0**	**11.0**	**18.0**	**30.0**	**5.0**	**11.0**	**5.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**36.0**	**0.0**	**70.0**	**0.0**	**28.0**	**0.0**	**51.0**	**0.0**	**84.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**27.0**	**27.0**	**30.0**	**30.0**	**30.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 16.28**	**$ 5.18**	**$ 29.86**	**$ 5.18**	**$ 27.01**	**$ 21.09**	**$ 31.82**	**$ 15.17**	**$ 45.31**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery or procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms					5	5			
16	CA002	Coordinate pre-surgery services (including test results)		3		3	3	10		3	
17	CA003	Schedule space and equipment in facility		3		3		5		3	
18	CA004	Provide pre-service education/obtain consent					7	7			
19	CA005	Complete pre-procedure phone calls and prescription	3	3	3	3	3	3	3	3	3
20	CA006	Confirm availability of prior images/studies	2	2	2	2			2	2	2
21	CA007	Review patient clinical extant information and questionnaire									
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)									
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3		3		3		3		3
34	CA010	Obtain vital signs	5		5		5		5		5
35	CA011	Provide education/obtain consent	3		3				3		3
36	CA012	Review requisition, assess for special needs									
37	CA013	Prepare room, equipment and supplies	2		2		5		2		2
38	CA013	Prepare room, equipment and supplies			2						2
39	CA014	Confirm order, protocol exam			1				0		1
40	CA015	Setup scope (nonfacility setting only)									
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2		2		5		2		2
42	CA017	Sedate/apply anesthesia									
49		**Intra-service (of service period)**									
50	CA018	Assist physician or other qualified healthcare professional---directly	10		18				25		25
51	CA018	Assist physician or other qualified healthcare professional---directly			18						25
52	CA019	Assist physician or other qualified healthcare professional---directly					4				
53	CA020	Assist physician or other qualified healthcare professional---directly									
54	CA021	Perform procedure/service---NOT directly related to physician work time									
61		**Post-Service (of service period)**									
62	CA022	Monitor patient following procedure/service, multitasking 1:4	5		5				5		5
63	CA023	Monitor patient following procedure/service, no multitasking									
64	CA024	Clean room/equipment by clinical staff	3		3		3		3		3
65	CA025	Clean scope									
66	CA026	Clean surgical instrument package									
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
68	CA028	Review/read post-procedure x-ray, lab and pathology reports									
69	CA029	Check dressings, catheters, wounds	1		1		1		1		1
70	CA030	Technologist QC's images in PACS, checking for all images, reformats,			2						2
71	CA031	Review examination with interpreting MD/DO			2						2
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to			1						1
73	CA033	Perform regulatory mandated quality assurance activity (service period)									
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry									
75	CA035	Review home care instructions, coordinate visits/prescriptions	2		2		2		2		2
76	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
83		**End: Patient leaves office**									
84		**POST-SERVICE PERIOD**									
85		**Start: Patient leaves office/facility**									
86	CA037	Conduct patient communications	3	3	3	3			3	3	3
87	CA038	Coordinate post-procedure services									
88		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
89		99211 16 minutes									
90		99212 27 minutes					1	1	1	1	1
91		99213 36 minutes									
92		99214 53 minutes									
93		99215 63 minutes									
94	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**
101		**End: with last office visit before end of global period**									

	A	B	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**				**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECO**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**64450**		**64454**		**64640**		**64640**		(
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 10 Genicular injection and RFA** **Specialty: ASA, AAPMR, AAPM, ASIPP, SIS**	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent; other peripheral nerve or branch		Destructic agent ge branch imaging g per
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 34.09**	**$ 5.18**	**$102.71**	**$ 5.18**	**$ 53.12**	**$ 21.14**	**$116.96**	**$ 15.30**	**$216.34**
8		**TOTAL CLINICAL STAFF TIME**	**44.0**	**14.0**	**78.0**	**14.0**	**73.0**	**57.0**	**86.0**	**41.0**	**119.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5.0**	**11.0**	**5.0**	**11.0**	**18.0**	**30.0**	**5.0**	**11.0**	**5.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**36.0**	**0.0**	**70.0**	**0.0**	**28.0**	**0.0**	**51.0**	**0.0**	**84.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**27.0**	**27.0**	**30.0**	**30.0**	**30.0**
102	**Supply Code**	**MEDICAL SUPPLIES**									
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 16.48**	**$ -**	**$ 55.91**	**$ -**	**$ 25.09**	**$ -**	**$ 75.71**	**$ -**	**$ 137.70**
104	SB001	cap, surgical			1				3		3
105	SA041	pack, basic injection	1								
106	SA048	pack, minimum multi-specialty visit	1								
107	SH023	chlorhexidine 0.12% (Peridex)	1								
108	SH022	bupivacaine 0.5% inj (Marcaine)	5		5				3		5
109	SB024	gloves, sterile			1				1		1
110	SB028	gown, surgical, sterile			1				1		1
111	SB033	mask, surgical			3				2		3
112	SB027	gown, staff, impervious			1				1		1
113	SB022	gloves, non-sterile			1				2		2
114	SK075	skin marking pen, sterile (Skin Skribe)	1		1				1		1
115	SB026	gown, patient			1				1		1
116	SB004	cover, thermometer probe			1				1		1
117	SB036	paper, exam table			7				7		7
118	SB044	underpad 2ft x 3ft (Chux)			1				1		1
119	SB037	pillow case			2				1		2
120	SJ081	swab, patient prep, 1.5 ml (chloraprep)			2				1		2
121	SB011	drape, sterile, fenestrated 16in x 29in							1		
122	SB019	drape-towel, sterile 18in x 26in			4						4
123	SB008	drape, sterile, c-arm, fluoro			1						1
124	SD269	Grounding pad			1						1
125	SB012	drape, sterile, for Mayo stand			1				1		1
126	SC029	needle, 18-27g			1		1		2		1
127	SC051	syringe 10-12ml	1		2		1		0		2
128	SH047	lidocaine 1%-2% inj (Xylocaine)	5		10				8		10
129	SD050	electrode needle, injectable (Myoject)					1		1		1
130	SD087	guide, needle, for localization			1				1		1
131	SD011	cannula (radiofrequency denervation) (SMK-C10)							1		3
132	SC028	needle, 18-26g 1.5-3.5in, spinal			3						
133	SC057	syringe 5-6ml			0				2		0
134	SH021	bupivacaine 0.25% inj (Marcaine)			0				0		0
135	SJ001	alcohol isopropyl 70%	5		5				5		5
136	SG021	bandage, strip 0.75in x 3in (Bandaid)			3				1		3
137	SG055	gauze, sterile 4in x 4in	2						3		
138	SG056	gauze, sterile 4in x 4in (10 pack uou)	0		1		2				1
139	SL259	Bleach cleaning wipe			2		2		0		2
140		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
142	**Equipment Code**	**EQUIPMENT**									
143		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 1.33**	**$ -**	**$ 16.95**	**$ -**	**$ 1.02**	**$ 0.05**	**$ 9.43**	**$ 0.13**	**$ 33.34**
144	EF024	table, fluoroscopy			0						0
145	EF031	table, power			40				44		47
146	EF023	table, exam					115	10	0	27.0	0
147	EF023	table, exam	29								
148	EL018	room, mobile c-ARM			25						32
149	EQ211	pulse oximeter w-printer					88				
150	EQ354	radiofrequency kit for destruction by neurolytic agent							44	0.0	141
151	EQ168	light, exam			40				44		47
152	ED050	Technologist PACS workstation			45						52
153	EQ214	radiofrequency generator (NEURO)							44		47
154	EQ184	nerve stimulator (eg, for nerve block)					28		44		47
155	EF015	mayo stand	29		40				44		47
156	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	89		60				64		67
157		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	R
1	**RUC Practice Expense Spreadsheet**		**MMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**64624**
3		***RUC Collaboration Website***	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 10 Genicular injection and RFA** **Specialty: ASA, AAPMR, AAPM, ASIPP, SIS**	on by neurolytic enicular nerve es (includes uidance, when rformed)
5		**LOCATION**	**Facility**
6		**GLOBAL PERIOD**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 15.30**
8		**TOTAL CLINICAL STAFF TIME**	**41.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**11.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**30.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 15.17**
13		**PRE-SERVICE PERIOD**	
14		**Start: Following visit when decision for surgery or procedure made**	
15	CA001	Complete pre-service diagnostic and referral forms	
16	CA002	Coordinate pre-surgery services (including test results)	3
17	CA003	Schedule space and equipment in facility	3
18	CA004	Provide pre-service education/obtain consent	
19	CA005	Complete pre-procedure phone calls and prescription	3
20	CA006	Confirm availability of prior images/studies	2
21	CA007	Review patient clinical extant information and questionnaire	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
29		**End: When patient enters office/facility for surgery/procedure**	
30		**SERVICE PERIOD**	
31		**Start: When patient enters office/facility for surgery/procedure:**	
32		**Pre-Service (of service period)**	
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	
34	CA010	Obtain vital signs	
35	CA011	Provide education/obtain consent	
36	CA012	Review requisition, assess for special needs	
37	CA013	Prepare room, equipment and supplies	
38	CA013	Prepare room, equipment and supplies	
39	CA014	Confirm order, protocol exam	
40	CA015	Setup scope (nonfacility setting only)	
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
42	CA017	Sedate/apply anesthesia	
49		**Intra-service (of service period)**	
50	CA018	Assist physician or other qualified healthcare professional---directly	
51	CA018	Assist physician or other qualified healthcare professional---directly	
52	CA019	Assist physician or other qualified healthcare professional---directly	
53	CA020	Assist physician or other qualified healthcare professional---directly	
54	CA021	Perform procedure/service---NOT directly related to physician work time	
61		**Post-Service (of service period)**	
62	CA022	Monitor patient following procedure/service, multitasking 1:4	
63	CA023	Monitor patient following procedure/service, no multitasking	
64	CA024	Clean room/equipment by clinical staff	
65	CA025	Clean scope	
66	CA026	Clean surgical instrument package	
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	
69	CA029	Check dressings, catheters, wounds	
70	CA030	Technologist QC's images in PACS, checking for all images, reformats,	
71	CA031	Review examination with interpreting MD/DO	
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to	
73	CA033	Perform regulatory mandated quality assurance activity (service period)	
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	
75	CA035	Review home care instructions, coordinate visits/prescriptions	
76	CA036	Discharge day management	
83		**End: Patient leaves office**	
84		**POST-SERVICE PERIOD**	
85		**Start: Patient leaves office/facility**	
86	CA037	Conduct patient communications	3
87	CA038	Coordinate post-procedure services	
88		***Office visits: List Number and Level of Office Visits***	**# visits**
89		99211 16 minutes	
90		99212 27 minutes	1
91		99213 36 minutes	
92		99214 53 minutes	
93		99215 63 minutes	
94	CA039	Post-operative visits (total time)	**27.0**
101		**End: with last office visit before end of global period**	

	A	B	R
1	**RUC Practice Expense Spreadsheet**		**MMENDED**
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**64624**
3		***RUC Collaboration Website***	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 10 Genicular injection and RFA** **Specialty: ASA, AAPMR, AAPM, ASIPP, SIS**	on by neurolytic enicular nerve es (includes uidance, when rformed)
5		**LOCATION**	**Facility**
6		**GLOBAL PERIOD**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 15.30**
8		**TOTAL CLINICAL STAFF TIME**	**41.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**11.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**30.0**
102	**Supply Code**	**MEDICAL SUPPLIES**	
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**
104	SB001	cap, surgical	
105	SA041	pack, basic injection	
106	SA048	pack, minimum multi-specialty visit	
107	SH023	chlorhexidine 0.12% (Peridex)	
108	SH022	bupivacaine 0.5% inj (Marcaine)	
109	SB024	gloves, sterile	
110	SB028	gown, surgical, sterile	
111	SB033	mask, surgical	
112	SB027	gown, staff, impervious	
113	SB022	gloves, non-sterile	
114	SK075	skin marking pen, sterile (Skin Skribe)	
115	SB026	gown, patient	
116	SB004	cover, thermometer probe	
117	SB036	paper, exam table	
118	SB044	underpad 2ft x 3ft (Chux)	
119	SB037	pillow case	
120	SJ081	swab, patient prep, 1.5 ml (chloraprep)	
121	SB011	drape, sterile, fenestrated 16in x 29in	
122	SB019	drape-towel, sterile 18in x 26in	
123	SB008	drape, sterile, c-arm, fluoro	
124	SD269	Grounding pad	
125	SB012	drape, sterile, for Mayo stand	
126	SC029	needle, 18-27g	
127	SC051	syringe 10-12ml	
128	SH047	lidocaine 1%-2% inj (Xylocaine)	
129	SD050	electrode needle, injectable (Myoject)	
130	SD087	guide, needle, for localization	
131	SD011	cannula (radiofrequency denervation) (SMK-C10)	
132	SC028	needle, 18-26g 1.5-3.5in, spinal	
133	SC057	syringe 5-6ml	
134	SH021	bupivacaine 0.25% inj (Marcaine)	
135	SJ001	alcohol isopropyl 70%	
136	SG021	bandage, strip 0.75in x 3in (Bandaid)	
137	SG055	gauze, sterile 4in x 4in	
138	SG056	gauze, sterile 4in x 4in (10 pack uou)	
139	SL259	Bleach cleaning wipe	
140		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*	
142	**Equipment Code**	**EQUIPMENT**	
143		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.13**
144	EF024	table, fluoroscopy	
145	EF031	table, power	
146	EF023	table, exam	27.0
147	EF023	table, exam	
148	EL018	room, mobile c-ARM	
149	EQ211	pulse oximeter w-printer	
150	EQ354	radiofrequency kit for destruction by neurolytic agent	0.0
151	EQ168	light, exam	
152	ED050	Technologist PACS workstation	
153	EQ214	radiofrequency generator (NEURO)	
154	EQ184	nerve stimulator (eg, for nerve block)	
155	EF015	mayo stand	
156	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	
157		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2018

Somatic Nerve Injection

In May 2018 the CPT Editorial Panel approved the revision of descriptors and guidelines for codes 64400- 64450 and deletion of 3 codes to clarify reporting (ie, separate reporting of imaging guidance, number of units, change of CPT codes 64421 from a 0-day global to ZZZ). Codes 64400-64450 describe the injection of an anesthetic agent(s) and/or steroid into a nerve plexus, nerve, or branch. These codes are reported once per nerve plexus, nerve, or branch as described in the descriptor regardless of the number of injections performed along the nerve plexus, nerve, or branch described by the code. Image guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately. The physician work for this family of services varies based on the anatomic location of each nerve, whether the services is typically performed in the facility setting, the typical approach used by the dominant specialty to access the nerve that performs each service and whether the service involves continuous infusion by catheter.

64400 ***Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)***
The RUC reviewed the survey results from 56 physicians and agreed on the following physician time components: 7 minutes of pre-service evaluation, 1 minute of pre-service positioning, 1 minute of pre-service scrub/dress/wait, 6 minutes of intra-service time and 5 minutes of immediate post-service time. The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT for the current times is similar to scrub/dress/wait IWPUT, which strongly implies the current times are highly inflated relative to the current work RVU and not valid for comparison to the new times.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.14. To find an appropriate work RVU, the RUC reviewed the survey 25th percentile for only the neurologist survey respondents of 1.00, noting that neurology is the top performing specialty yet there were fewer survey responses from neurology than from anesthesiology. Neurology is 47 percent of the 2017 Medicare claims whereas anesthesiology is only 10 percent of the claims, the RUC noted that it would be appropriate to value the service at the Neurology 25th percentile of 1.00. To justify a work RVU of 1.00, the RUC compared the survey code to CPT code 31575 *Laryngoscopy, flexible; diagnostic* (work RVU = 0.94, intra-service time of 5 minutes) and noted that the reference code more intra-service time and involves slightly more physician work. The RUC also compared the survey code to MPC code 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* **(**work RVU = 1.00, intra-service time of 7 minutes, total time of 17 minutes) and noted that although the survey code has 1 minute less of intra-service time, it has 3 more minutes of total time and both services involve a similar amount of physician work. **The RUC recommends a work RVU of 1.00 for CPT code 64400.**

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64408 ***Injection(s), anesthetic agent(s) and/or steroid; vagus nerve***
The RUC reviewed the survey results from 37 physicians and agreed on the following physician time components: 7 minutes of pre-service evaluation, 3 minutes of pre-service positioning, 5 minutes of intra-service time and 5 minutes of immediate post-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 0.90. To justify a work RVU of 0.90, the RUC compared the survey code to CPT code 31575 *Laryngoscopy, flexible; diagnostic* (work RVU = 0.94, intra-service time of 5 minutes) and noted that both services have identical intra-service times and involve a similar amount of physician work, and therefore should be valued similarly. The RUC also compared the survey code to MPC code 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* **(**work RVU = 1.00, intra-service time of 7 minutes, total time of 17 minutes) and noted that the survey code involves 2 minutes less of intra-service time and it would be appropriate to value the survey code somewhat less as it involves somewhat less overall work. **The RUC recommends a work RVU of 0.90 for CPT code 64408.**

64415 ***Injection(s), anesthetic agent(s) and/or steroid; brachial plexus***
The RUC reviewed the survey results from 57 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 4 minutes of pre-service scrub/dress/wait, 12 minutes of intra-service time and 10 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 1.42. To justify a work RVU of 1.42, the RUC compared the survey code to CPT code 64612 *Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)* (work RVU = 1.41, intra-service time of 10 minutes) and noted that the survey code involves slightly more intra-service time and slightly less total time and both services include a similar amount of physician work. The RUC also compared the survey code to CPT code 30903 *Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method* (work RVU = 1.54, intra-service time of 15 minutes, total time of 39 minutes) and noted that the survey code involves less intra-service time and valuing the survey code at 1.42 would maintain appropriate relativity with the reference code. **The RUC recommends a work RVU of 1.42 for CPT code 64415.**

64416 ***Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)***
The RUC reviewed the survey results from 42 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 20 minutes of intra-service time and 10 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 1.81 To justify a work RVU of 1.81, the RUC compared the survey

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code to CPT code 32554 *Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance* (work RVU = 1.82, intra-service time of 20 minutes) and noted that both services involve identical intra-service time and have typically require a similar amount of physician work. **The RUC recommends a work RVU of 1.81 for CPT code 64416.**

64417 ***Injection(s), anesthetic agent(s) and/or steroid; axillary nerve***
The RUC reviewed the survey results from 45 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 4 minutes of pre-service scrub/dress/wait, 10 minutes of intra-service time and 10 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting. The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 1.27. To justify a work RVU of 1.27, the RUC compared the survey code to CPT code 49082 *Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance* (work RVU = 1.24, intra-service time of 10 minutes) and noted that both services involve identical intra-service time and total time and a similar amount of physician work. The RUC also compared the code to CPT code 32562 *Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day* (work RVU = 1.24, intra-service time of 10) and noted that both services have identical intra-service times and involve a similar amount of physician work. The RUC noted that 64417 has appropriate relativity with the rest of the family. For example, 64415 and 64417 involve a similar work intensity and therefore the RUC recommendations for both services have similar IWPUTs. **The RUC recommends a work RVU of 1.27 for CPT code 64417.**

64420 ***Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level***
The RUC reviewed the survey results from 60 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 10 minutes of intra-service time and 5 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting. The RUC noted that the current times for this service are from the Harvard study more than 20 years ago; in 1994, the RVU for this service was lowered substantially but the intra-service time was not changed to reflect the decrease. Therefore, a reduction in time would not necessarily imply a reduction in work value as the previous times used a flawed methodology.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.24. The RUC also reviewed the current value for this service of 1.18 and noted that would continue to be the appropriate value for this service. To verify a value of 1.18, the RUC compared the survey code to CPT code 49082 *Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance* (work RVU = 1.24, intra-service time of 10 minutes) and noted that both codes involve identical intra-service time, whereas the reference code involves somewhat more total time and that the survey code should be valued somewhat lower. The RUC also compared the code to CPT code 32562 *Instillation(s), via chest tube/catheter, agent for*

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fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day (work RVU = 1.24, intra-service time of 10) and noted that both services have identical intra-service times and involve a similar amount of physician work. The RUC noted that 64417 has appropriate relativity with the rest of the family. For example, 64420 and 64417 involve a similar work intensity and therefore the RUC recommendations for both services have similar IWPUTs. **The RUC recommends a work RVU of 1.18 for CPT code 64420.**

64421 ***Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, each additional level (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 60 physicians and agreed on the following physician time components: 10 minutes of intra-service time. The RUC noted that the coding structure for 64421 changed when the code was revised by CPT; 64421 switched from a 000-day global code that code only be reported a single time to an add-on code for 64420. Furthermore, the current physician times for 64421 are over 25 years old and from the Harvard study.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.00. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 77063 *Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)* (work RVU = 0.60, intra-service time of 8 minutes) and noted that although the survey code involves somewhat more intra-service time, both services require a very similar amount of physician work. Therefore, the RUC recommends a direct work RVU crosswalk from 77063 to 64421. **The RUC recommends a work RVU of 0.60 for CPT code 64421.**

64425 ***Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves***
The RUC reviewed the survey results from 54 physicians and agreed on the following physician time components: 7 minutes of pre-service evaluation, 1 minute of pre-service positioning, 1 minute of pre-service scrub/dress/wait, 11 minutes of intra-service time and 5 minutes of immediate post-service time. The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 1.19. To justify a work RVU of 1.19, the RUC compared the survey code to CPT code 49082 *Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance* (work RVU = 1.24, intra-service time of 10 minutes) and noted that both services involve identical intra-service time and whereas the reference code involves somewhat more total time and it would be appropriate to value the survey code somewhat lower than the reference code at a value of 1.19. The RUC also compared the code to CPT code 32562 *Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day* (work RVU = 1.24, intra-service time of 10) and noted that both services have similar intra-service times and the survey code should be valued slightly less than the reference code to maintain appropriate relativity. **The RUC recommends a work RVU of 1.19 for CPT code 64425.**

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64430 ***Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve***
The RUC reviewed the survey results from 67 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 5 minutes of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 10 minutes of intra-service time and 10 minutes of immediate post-service time. The specialty noted and the RUC agreed that this service requires more post-time than CPT code 64425 as the pudendal nerve is deeper. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting. The post-service time is longer for 64430 compared to 64435 because the approach involves going much deeper and the physician typically stays longer as the patient tends to have pelvic muscle weakness. Unlike for 64435, for 64430, the patient is then re-examined digitally to confirm pelvic stability and pelvic floor tonicity during the post-service period. The patient is then evaluated for safety in ambulation.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 1.15. To justify a work RVU of 1.15, the RUC compared the survey code to CPT code 49082 *Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance* (work RVU = 1.24, intra-service time of 10 minutes) and noted that both services involve identical intra-service time and whereas the reference code involves somewhat more total time and it would be appropriate to value the survey code somewhat lower than the reference code at a value of 1.15. The RUC also compared the code to CPT code 32562 *Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day* (work RVU = 1.24, intra-service time of 10) and noted that both services have identical intra-service times and the survey code should be valued slightly less than the reference code to maintain appropriate relativity. **The RUC recommends a work RVU of 1.15 for CPT code 64430.**

64435 ***Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve***
The RUC reviewed the survey results from 42 physicians and agreed on the following physician time components: 7 minutes of pre-service evaluation, 3 minutes of pre-service positioning, 5 minutes of intra-service time and 5 minutes of immediate post-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 0.75. To justify a work RVU of 0.75, the RUC compared the survey code to top key reference code 20551 *Injection(s); single tendon origin/insertion* (work RVU = 0.75, intra-service time of 5, total time of 20 minutes) and noted that both services involve identical intra-service time and total time and the same amount of physician work. The RUC also compared the survey code to CPT code 31575 *Laryngoscopy, flexible; diagnostic* (work RVU = 0.94, intra-service time of 5 minutes) and noted that although both services have identical intra-service time, the reference code involves more total time, justifying a somewhat lower valuation for the survey code. **The RUC recommends a work RVU of 0.75 for CPT code 64435.**

64445 ***Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve***
The RUC reviewed the survey results from 68 physicians and agreed on the following physician time components: 7 minutes of pre-service evaluation, 1 minutes of pre-service positioning, 1 minutes of pre-service scrub/dress/wait, 10 minutes of intra-service time and 5 minutes of immediate post-service time.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.30. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 67810 *Incisional biopsy of eyelid skin including lid margin* (work RVU = 1.18, intra-service time of 13 minutes, total time of 27 minutes and noted that although the survey code involves somewhat less intra-service time, it involves somewhat more total time and a very similar amount of physician work. The RUC recommends a direct work RVU crosswalk from CPT code 67810 to CPT code 64445. The RUC also compared the code to CPT code 32562 *Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day* (work RVU = 1.24, intra-service time of 10) and noted that both services have identical intra-service times and whereas the survey code involves slightly more overall physician work. **The RUC recommends a work RVU of 1.18 for CPT code 64445.**

64446 ***Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)***
The RUC reviewed the survey results from 48 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 15 minutes of intra-service time and 6 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.80. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 30903 *Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method* (work RVU = 1.54, intra-service time of 15 minutes, total time of 39 minutes) and noted that both services have identical intra-service time and total time and involve an identical amount of physician work. The RUC recommends a direct work RVU crosswalk from CPT code 30903 to CPT code 64446. **The RUC recommends a work RVU of 1.54 for CPT code 64446.**

64447 ***Injection(s), anesthetic agent(s) and/or steroid; femoral nerve***
The RUC reviewed the survey results from 62 physicians and agreed on the following physician time components: 12 minutes of pre-service evaluation, 1 minute of pre-service positioning, 3 minutes of pre-service scrub/dress/wait, 6 minutes of intra-service time and 5 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.29. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 31231 *Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)* (work RVU = 1.10, intra-service time of 7 minutes, total time of 21 minutes) and noted that although the survey code involves slightly less intra-service time, it requires more total time and a very similar amount of physician work. The RUC recommends a direct work RVU crosswalk from CPT code 31231 to CPT code 64447. **The RUC recommends a work RVU of 1.10 for CPT code 64447.**

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64448 ***Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)***
The RUC reviewed the survey results from 51 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 1 minute of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 13 minutes of intra-service time and 6 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.78. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 62322 *Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance* (work RVU = 1.55, intra-service time of 11 minutes, total time of 39 minutes) and noted that the survey code involves somewhat more intra-service time whereas both services only differ on total time by 1 minute and require a very similar total amount of physician work. The RUC recommends a direct work RVU crosswalk from CPT code 62322 to CPT code 64448. The RUC also compared the survey code to MPC code 57452 *Colposcopy of the cervix including upper/adjacent vagina;* (work RVU = 1.50, intra-service time of 15 minutes, total time of 40 minutes) and noted that both services involve similar intra-service time and total time and should be valued similarly. **The RUC recommends a work RVU of 1.55 for CPT code 64448.**

64449 ***Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)***
The RUC reviewed the survey results from 36 physicians and agreed on the following physician time components: 13 minutes of pre-service evaluation, 1 minutes of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 14 minutes of intra-service time and 5 minutes of immediate post-service time. This service is typically performed in the facility setting and requires more pre-service evaluation and scrub/dress/wait time than services in this family that are typically performed in the non-facility setting.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.80. To find an appropriate work RVU crosswalk, the RUC compared the survey code to CPT code 62322 *Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance* (work RVU = 1.55, intra-service time of 11 minutes, total time of 39 minutes) and noted that the survey code involves somewhat more intra-service time whereas both services only differ on total time by 1 minute and require a very similar total amount of physician work. The RUC recommends a direct work RVU crosswalk from CPT code 62322 to CPT code 64449. The RUC also compared the survey code to MPC code 57452 *Colposcopy of the cervix including upper/adjacent vagina;* (work RVU = 1.50, intra-service time of 15 minutes, total time of 40 minutes) and noted that both services involve similar intra-service time and total time and should be valued similarly. The RUC noted that survey codes 64448 and 64449 have identical total times, only one minute difference in intra-service time and involve the same amount of physician work. **The RUC recommends a work RVU of 1.55 for CPT code 64449.**

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64450 ***Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch***
The RUC reviewed the survey results from 88 physicians and agreed on the following physician time components: 7 minutes of pre-service evaluation, 1 minute of pre-service positioning, 1 minute of pre-service scrub/dress/wait, 5 minutes of intra-service time and 5 minutes of immediate post-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents somewhat overvalued the work involved in performing this service, with a 25th percentile work RVU of 1.00. The RUC also reviewed the current value for this service of 0.75 and noted that would continue to be the appropriate value for this service. To justify a work RVU of 0.75, the RUC compared the survey code to CPT code 20551 *Injection(s); single tendon origin/insertion* (work RVU = 0.75, intra-service time of 5, total time of 20 minutes) and noted that both services involve identical intra-service time and very similar total time and the same amount of physician work. The RUC also compared the survey code to CPT code 31575 *Laryngoscopy, flexible; diagnostic* (work RVU = 0.94, intra-service time of 5 minutes) and noted that although both services have identical intra-service time, the reference code involves more total time and somewhat more intensity, justifying a somewhat lower valuation for the survey code. **The RUC recommends a work RVU of 0.75 for CPT code 64450.**

RUC Referral to CPT
During the October 2018 RUC presentation for this family of services, the specialty societies stated that codes 64415, 64416, 64417, 64446, 66447, and 64448 were reported with code 76942 *Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation* more than 50 percent of the time. Specifically, 76 percent with 64415, 85 percent with 64416, 68 percent with 64417, 77 percent with 64446, 77 percent with 66447, and 79 percent with 64448. The societies indicated they would submit a code change application to bundle 76942 into codes 64415, 64416, 64417, 64446, 64447, and 64448 for the 2021 cycle. This overlap was accounted for in the above RUC recommendations for these services. **The RUC refers CPT codes 64415, 64416, 64417, 64446, 64447 and 64448 to be bundled with ultrasound guidance, CPT code 76942 to the CPT Editorial Panel for CPT 2021.**

Practice Expense
The RUC reviewed and approved the direct practice expense inputs as approved by the Practice Expense Subcommittee, with the only revision to account for the reduction in procedure time for codes 64400 and 64450.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT codes 64405 (work RVU= 0.94, pre-evaluation time of 5 minutes, pre-positioning time of 1 minute, intra-service time of 5 minutes and post-service time of 5 minutes) and 64418 (work RVU= 1.10, pre-evaluation time of 6

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minutes, pre-positioning time of 3 minutes, pre-scrub/dress/wait time of 3 minutes, intra-service time of 10 minutes, post-service time of 10 minutes). The relativity within the family remains correct.

Do Not Use to Validate for Physician Work
The RUC agreed that CPT codes 64400 and 64418 should be labeled in the RUC database with a flag that it should not be used to validate physician work.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Nervous System **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic** *(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)* *(For epidural or subarachnoid injection, see 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)* (64400-64455, 64461, 64462, 64463, 64479, 64480, 64483, 64484~~7~~, 64490-64495 are unilateral procedures. For bilateral procedures, use modifier 50) **Somatic Nerves** Codes 64400-64489 describe the introduction/injection of an anesthetic agent and/or steroid into the somatic nervous system for diagnostic or therapeutic purposes. For injection or destruction of genicular nerve branches, see 644X0, 644X1. Codes 64400-64450, 644X0 describe the injection of an anesthetic agent(s) and/or steroid into a nerve plexus, nerve, or branch. These codes are reported once per nerve plexus, nerve, or branch as described in the descriptor regardless of the number of injections performed along the nerve plexus, nerve, or branch described by the code. Image guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately.				

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Image guidance (ultrasound, fluoroscopy, CT) and any injection of contrast are inclusive components of 644X0.

Codes 64455, 64479, 64480, 64483, 64484 are reported for ~~a~~ single or multiple injections at the same site. For 64479, 64480, 64483, 64484, image guidance (fluoroscopy or CT) and any injection of contrast are inclusive components and are not reported separately. For 64455, image guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately.

Codes 64461, 64462, 64463 describe injection of a paravertebral block (PVB). Codes 64486, 64487, 64488, 64489 describe injection of a transversus abdominis plane (TAP) block. Image guidance and any injection of contrast are inclusive components of 64461, 64462, 64463 and 64486, 64487, 64488, 64489 and are not reported separately.

▲64400	H1	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each ~~any division or~~ branch (ie, ophthalmic, maxillary, mandibular)	000	1.00
~~D~~64402	-	~~facial nerve~~ (64402 has been deleted. To report injection of anesthetic agent and/or steroid to the facial nerve, use 64999)	000	N/A (2018 work RVU = 1.25)
▲64405	H2	greater occipital nerve	000	0.94 (Affirmed April 2017 RUC Recommendation)
▲64408	H3	vagus nerve	000	0.90
~~D~~64410	-	~~phrenic nerve~~ *(64412 has been deleted. To report, use 64999)*	000	N/A (2018 work RVU = 1.43)
~~D~~64413	-	~~cervical plexus~~ (64410, 64413 have been deleted. To report injection of anesthetic agent and/or steroid to the phrenic nerve, cervical plexus, use 64999)	000	N/A (2018 work RVU = 1.40)

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▲64415	H4	brachial plexus~~, single~~	000	1.42
▲64416	H5	brachial plexus, continuous infusion by catheter (including catheter placement) *(Do not report 64416 in conjunction with 01996)*	000	1.81
▲64417	H6	axillary nerve	000	1.27
▲64418	H7	suprascapular nerve	000	1.10 (Affirmed April 2016 RUC Recommendation)
▲64420	H8	intercostal nerve, single <u>level</u>	000	1.18
✚▲64421	H9	intercostal nerve~~s, multiple, regional block,~~ <u>each additional level (List separately in addition to code for primary procedure)</u> <u>(Use 64421 in conjunction with 64420)</u>	~~000~~ ZZZ	0.60
▲64425	H10	ilioinguinal, iliohypogastric nerves	000	1.19
▲ 64430	H11	pudendal nerve	000	1.15
▲64435	H12	paracervical (uterine) nerve	000	0.75

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▲64445	H13	sciatic nerve~~, single~~	000	1.18
▲64446	H14	sciatic nerve, continuous infusion by catheter (including catheter placement) *(Do not report 64446 in conjunction with 01996)*	000	1.54
▲64447	H15	femoral nerve~~, single~~ *(Do not report 64447 in conjunction with 01996)*	000	1.10
▲64448	H16	femoral nerve, continuous infusion by catheter (including catheter placement) *(Do not report 64448 in conjunction with 01996)*	000	1.55
▲64449	H17	lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) *(Do not report 64449 in conjunction with 01996)*	000	1.55
▲64450	H18	other peripheral nerve or branch	000	0.75

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Codes	Unit Per Code	Image Guidance
64400-64450	1 unit per plexus, nerve, or branch injected regardless of the number of injections	Reported separately, when performed
64624	1 unit for any number of genicular nerve branches, with a required minimum of three nerve branches	Included, when performed
64455	1 or more injections per code	Reported separately, when performed
64479, ✚64480, 64483, ✚64484	1 or more injections per level	Included, when performed
64461, ✚64462, 64463	By injection site	Included, when performed
64486-64489	By block	Included, when performed

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System			
Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic atic Nerve			
Code(s)	**Unit**	**Image Guidance Included**	**Image Guidance Separately reported, when performed**
Somatic Nerve			
64400-64450	1 unit per plexus, nerve, or branch injected regardless of the number of injections		**X**
64455	1 or more injections per code		**X**
64479	1 or more injections per code	**X**	
+64480	1 or more injections per code (add-on)	**X**	
64483	1 or more injections per code	**X**	
+64484	1 or more injections per code (add-on)	**X**	
64461	1 or more injections per level	**X**	
+64462	1 or more injections per code (add-on)	**X**	
64463	1 or more injections per code	**X**	
64486-64489	By injection site	**X**	
64454	1 unit for any number of genicular nerve branches, with a required minimum of three nerve branches		**X**

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64450 Tracking Number Original Specialty Recommended RVU: **0.84**
Presented Recommended RVU: **0.84**
Global Period: 000 Current Work RVU: **0.75** RUC Recommended RVU: **0.75**

CPT Descriptor: Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old female complains of chronic burning pain and a tingling sensation in the plantar aspect of her right foot. Clinical examination is consistent with tarsal tunnel syndrome. The decision is made to perform a therapeutic injection about the posterior tibial nerve utilizing local anesthetic and a steroid.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The site of the proposed injection is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injectate is prepared. The skin is cleansed with an antiseptic solution and sterile drapes are applied. A universal protocol ("time out") is performed with the care team.

Description of Intra-Service Work: The appropriate skin and bony landmarks are identified. A local anesthetic skin wheal is created and placed at injection site. Palpate the posterior tibial artery. Direct the needle slightly posterior and inferior to the posterior tibial artery. Prior to injecting, aspirate the needle to ensure that vascular structures are not injected. Redirect the needle proximally and distally and repeat aspiration and injection. The needle is removed, and the site is observed for bleeding and covered with a sterile occlusive dressing. .

Description of Post-Service Work: The patient is observed for bleeding or any adverse effects and for evidence of successful block. A procedure note is dictated/written and medical record entries are made.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2018				
Presenter(s):	Neal Cohen, MD (ASA); Eduardo Fraifeld, MD (AAPM); Matthew Grierson, MD (AAPM&R); Kevin Kerber, MD (AAN); Marc Leib, MD (ASA); Gregory Polston, MD (AAPM); Richard Rosenquist, MD (ASA); Raissa Villanueva, MD (AAN)				
Specialty Society(ies):	American Academy of Neurology; American Academy of Pain Medicine; American Academy of Physical Medicine and Rehabilitation; American Society of Anesthesiologists				
CPT Code:	64450				
Sample Size:	3256	**Resp N:**	88	**Response:** 2.7 %	
Description of Sample:	random				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**26.00**	60.00	1475.00
Survey RVW:	0.50	1.00	**1.34**	1.80	6.50
Pre-Service Evaluation Time:			**21.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	5.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	64450	**Recommended Physician Work RVU: 0.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**0.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64486	000	1.27	**RUC Time**

CPT Descriptor Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64493	000	1.52	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20553	000	0.75	**RUC Time**	346,970

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 3 or more muscles

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
23350	000	1.00	**RUC Time**	37,824

CPT Descriptor 2 Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

Other Reference CPT Code	Global	Work RVU	Time Source
20526	000	0.94	**RUC Time**

CPT Descriptor Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 22.7 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 20.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 64450	**Top Key Reference CPT Code:** 64486	**2nd Key Reference CPT Code:** **64493**
Median Pre-Service Time	9.00	15.00	17.00
Median Intra-Service Time	5.00	10.00	15.00
Median Immediate Post-service Time	5.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**19.00**	**35.00**	**42.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	63%	32%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	60%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	80%	15%

Physical effort required	0%	85%	15%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	65%	25%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	56%	33%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	72%	11%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	61%	28%
Physical effort required	6%	59%	35%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	83%	11%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT Code 64450 (*Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch*) is part of Tab 9 which includes changes and revisions to the Somatic Nerve Injection family (codes 64400- 64450). CPT staff, at the request of the Editorial Board of the *CPT Assistant*, reached out to several specialties to request a code change

application to provide further definition and descriptor transparency around the use of these codes. The new code family was approved at the May 2018 CPT Editorial Panel meeting and surveyed for the October 2018 RUC meeting.

Code 64450 was previously surveyed by the RUC in 2011. It was surveyed for the October 2018 RUC meeting by the American Academy of Neurology (AAN), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R) and the American Society of Anesthesiologists (ASA).

October 2018 RUC Meeting Recommendation Rationale

A total of 88 responses were received from a random sample of 3,256 clinicians (2.7 percent response rate). ASA convened an Expert Panel to review the survey data. ***The society is recommending 0.84 wRVUs and time of pre (7/0/1), intra (10 min) and post (5 min)***. This results in an IWPUT of 0.056.

Vignette

The vignette describes a typical patient experiencing a chronic burning pain and a tingling sensation in the plantar aspect of her right foot. Clinical examination is consistent with tarsal tunnel syndrome. The decision is made to perform a therapeutic injection about the posterior tibial nerve utilizing local anesthetic and a steroid.

78% of the survey respondents found the vignette to be typical.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

64450 Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.00	1.34	1.80
Pre		21/5/5	
Intra	5	10	15
Post		5	

The survey 25th percentile is higher than the current value of 0.75 wRVUs. The Expert Panel considered recommending the 25th percentile which they felt to be approximating a reasonable value for the service. They also noted that the intra-time doubled from 5 minutes to 10 minutes since the last survey. The Expert Panel concluded that this increase in intra-time supported a higher wRVU.

After a robust discussion the Expert Panel agreed to recommend:

- wRVU
  - 0.84 work RVUs based on a crosswalk to code 12001
- Time
  - Pre-time: Non-facility pre-service package #5 (7/0/1)
  - Intra-time: 10 minutes (survey median)
  - Post-time 5 minutes (survey median)

The Expert Panel discussed how in general the treatment for pain conditions has become more complex as the opioid crisis has escalated, and treatment and coverage for other non-pharmacologic and non-interventional strategies has been limited. With worsening pain, this impacts mobility, and in general has led to a more sedentary population with increase in co-morbidities of diabetes, hypertension and obesity. These findings, particularly the increase in BMI, have led to increases in the technical skill and judgment necessary to perform the procedure as well as the associated psychological stress to reduce risk of complications, such as pneumothorax or intravascular complication.

The Expert Panel concluded that these values and times appropriately reflected how the service is currently performed. In drafting their recommendations, the Expert Panel considered a number of factors.

Crosswalk

- The Expert Panel selected a value that was less than the survey 25th percentile of 1.00 wRVUs; crosswalking the recommendation of 0.84 wRVUs to code 12001 (*Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less*). This 0-day global code

was reviewed by the RUC in 2010 and also has 10 minutes intra-service. It has an IWPUT of 0.0585. The Expert Panel believes that this is an appropriate crosswalk not only because it matches intra-service time but also because of similarity in complexity and intensity. The Expert Panel does believe that the surveyed code 64450 is a somewhat more intense/complex than 12001.

Reference Code

- The Expert Panel also concluded that the recommendation aligned well with the top reference code 64486 (*Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)*) which has a wRVU of 1.27, IWPUT of 0.0781 and intra time of 10 minutes. The Expert Panel noted that the codes had the same intra time and the reference code had a slightly higher IWPUT. The recommended value represents an appropriate rank order and alignment.

Other Codes in the Somatic Nerve Injection Family

- The Expert Panel also concluded the recommendation maintained rank order in the Somatic Nerve Injection family.

Code#	Description	Proposed wRVU
+64421	N block inj intercost sng, addl level	0.60
64435	N block inj paracervical	0.75
64450	**N block other peripheral**	**0.84**
64405	N block inj occipital	0.94
64408	N block inj vagus	0.94
64418	N block inj suprascapular	1.10
64400	N block inj trigeminal	1.14
64430	N block inj pudendal	1.15
64425	N block inj ilio-ing/hypogi	1.19
64420	N block inj intercost sng	1.24
64417	N block inj axillary	1.27
64447	N block inj fem single	1.40
64415	N block inj brachial plexus	1.42
64445	N block inj sciatic sng	1.47
64448	N block inj fem cont inf	1.78
64446	N blk inj sciatic cont inf	1.80
64449	N block inj lumbar plexus	1.80
64416	N block cont infuse b plex	1.81

Rank Order

- The Expert Panel also considered other 0-day, RUC reviewed codes outside of the Somatic Nerve Injection family with similar intra-time and concluded that the recommendation aligned well with these codes and provided further evidence of the appropriateness of the recommendation.

CPT Code	Long Descriptor	Global	Work RVU	Intra Time	IWPUT	2017 Utilization
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	000	0.75	10	0.0441	346,970
20610	Arthrocentesis, aspiration and/or injection, major joint or	000	0.79	5	0.1006	681,9323

CPT Code	Long Descriptor	Global	Work RVU	Intra Time	IWPUT	2017 Utilization
	bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance					
11901	Injection, intralesional; more than 7 lesions	000	0.80	13	0.046	69,094
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	000	0.81	12	0.0488	3,646,411
69100	Biopsy external ear	000	0.81	12	0.0451	155,215
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	000	0.83	10	0.0651	52,818
64450	**Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch**	**000**	**0.84**	**10**	**0.056**	**413,282**
65222	Removal of foreign body, external eye; corneal, with slit lamp	000	0.84	7	0.0944	27,017
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	000	0.84	10	0.0585	189,564
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	000	0.84	10	0.0217	54,322
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	000	0.84	15	0.0261	7
51720	Bladder instillation of anticarcinogenic agent (including retention time)	000	0.87	5	0.1199	192,279
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording	000	0.89	10	0.0581	40,141

CPT Code	Long Descriptor	Global	Work RVU	Intra Time	IWPUT	2017 Utilization
	and reporting					
57160	Fitting and insertion of pessary or other intravaginal support device	000	0.89	15	0.0268	90,878

In summary, for CPT code CPT Code 64450 (*Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch*) ***the societies recommend 0.84 wRVUs and 8/10/5 for time.***

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Existing code 64450

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Nurse Practitioners How often? Commonly

Specialty Pain Management How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 945589
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on relative volume of Medicare utilization

Specialty Anesthesiology	Frequency 248974	Percentage 26.33 %
Specialty Nurse Practitioners	Frequency 122927	Percentage 13.00 %
Specialty Pain Management	Frequency 115646	Percentage 12.23 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 378,236 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization

Specialty Anesthesiology	Frequency 99589	Percentage 26.32 %
Specialty Nurse Practitioners	Frequency 49171	Percentage 13.00 %
Specialty Pain Management	Frequency 46258	Percentage 12.22 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64450

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

ISSUE: Somatic Nerve Injection (as revised 10/6/2018)

TAB: 9

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	11	0.107			2.20			45	10	5	5			15			10																							
2nd REF	64644	Chemodenervation of one extremity; 5 or more muscles	8	0.055			1.82			45	10	5				25			5																							
CURRENT	64400	Injection, anesthetic agent; trigeminal nerve, any division or branch		0.011			1.11			69	16					37			16																							
SVY	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	56	0.048	0.50	1.14	1.50	2.20	15.00	53	18	5	5	1	5	15	20	60	10																				0	2	10	50	500
SVY- ASA	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	31	0.075	0.65	1.46	2.10	2.35	15.00	62	22	5	5	1	14	15	20	60	15																				0	2	5	15	50
SVY- AAN	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)	25	0.141	0.50	1.00	1.25	1.50	2.50	26	8	3	3	2	5	6	10	20	6																				0	6	61	100	500
REC	64400	Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)		0.117			1.00			20	7	1	1			6			5																							

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	20556	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	92	0.139			0.94			16	6					5			5																							
2nd REF	20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	19	0.075			0.66			21	5	1	5			5			5																							
CURRENT	64405	Injection, anesthetic agent; greater occipital nerve		0.112			0.94			16	6					5			5																							
SVY (April 2017)	64405	Injection, anesthetic agent; greater occipital nerve	3856	0.132	0.50	0.94	1.00	1.29	14.00	22	6	3	3			5			5																				0	12	25	50	500
REC	64405	Injection, anesthetic agent; greater occipital nerve		0.139			0.94			16	5	1				5			5																							

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	7	0.075			0.66			21	5	1	5			5			5																							
2nd REF	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	5	0.078			1.27			35	5	5	5			10			10																							
CURRENT	64408	Injection, anesthetic agent; vagus nerve		0.060			1.41			36	10					16			10																							
SVY	64408	Injection, anesthetic agent; vagus nerve	37	0.112	0.75	0.90	1.25	1.90	11.00	37	21	3	2	2	3	5	10	45	6																				0	2	5	15	100
REFERENCE	31575	Laryngoscopy, flexible; diagnostic		0.1172			0.94			19	5	1	3			5			5																							
REC	64408	Injection, anesthetic agent; vagus nerve		0.113			0.90			20	7	3				5			5																							

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
44	1st REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	13	0.080			1.80			45	10	5	5			15			10																									
45	2nd REF	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	11	0.078			1.27			35	5	5	5			10			10																									
46	CURRENT	64415	Injection, anesthetic agent; brachial plexus, single		0.060			1.48			44	13	1	5			15			10																									
47	SVY	64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single	57	0.076	0.70	1.42	1.70	2.00	10.00	50	20	4	4	1	8	12	15	60	10																						0	5	25	76	600
48	REC	64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single		0.071			1.42			40	13	1	4			12			10																									
49																																													
50						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
51	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
52	1st REF	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	26	0.107			2.20			45	10	5	5			15			10																									
53	2nd REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	9	0.080			1.80			45	10	5	5			15			10																									
54	CURRENT	64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)		0.049			1.81			60	19	1	5			20			15																									
55	SVY	64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)	42	0.055	1.00	1.81	2.10	2.20	12.00	68	23	5	5	1	15	20	24	60	15																						0	2	18	43	400
56	REC	64416	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement)		0.062			1.81			49	13	1	5			20			10																									
57											0																																		
58	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
59	1st REF	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	15	0.078			1.27			35	5	5	5			10			10																									
60	2nd REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	8	0.080			1.80			45	10	5	5			15			10																									
61	CURRENT	64417	Injection, anesthetic agent; axillary nerve		0.045			1.44			45	13					19			13																									
62	SVY	64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve	45	0.068	0.68	1.27	1.50	2.00	12.00	49	21	4	4	1	5	10	18	35	10																						0	2	6	12	500
63	REC	64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve		0.070			1.27			38	13	1	4			10			10																									
64																																													
65						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
66	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
67	1st REF	64450	Injection, anesthetic agent; other peripheral nerve or branch	39	0.083			0.75			20	10					5			5																									
68	2nd REF	12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	31	0.064			1.22			27	5	1	1			15			5																									
69	CURRENT	64418	Injection, anesthetic agent; suprascapular nerve		0.065			1.10			32	6	3	3			10			10																									

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
70	SVY (April - 2016)	64418	Injection, anesthetic agent; suprascapular nerve	139	0.045	0.70	1.00	1.20	1.45	4.00	47	17	5	5	1	5	10	13	45	10																				0	3	7	20	1300
71	Crosswalk	20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting		0.079			1.10				5	2	5			10			5																							
72	REC	64418	Injection, anesthetic agent; suprascapular nerve		0.065			1.10			32	6	3	3			10			10																							
73																																												
74						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
75	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
76	1st REF	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	23	0.066			1.52			42	7	5	5			15			10																							
77	2nd REF	64483	Injection(s), anesthetic agent andor steroid, transforaminal epidural, with imaging guidance (fluroscopy or CT); lumbar or sacral, single level	13	0.082			1.90			49	13	5	6			15			10																							
78	CURRENT	64420	Injection, anesthetic agent; intercostal nerve, single		0.043			1.18			37	10					17			10																							
79	SVY	64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	60	0.056	0.75	1.24	1.50	1.86	30.00	55	25	5	5	1	8	10	15	30	10																				0	2	10	25	500
80	SVY- ASA	64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	25	0.114	1.52	1.74	1.92	2.11	30.00	48	18	5	5	1	7	10	15	30	10																				0	2	5	20	25
81	SVY- AAPM&R	64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	15	0.041	1.30	1.40	1.50	1.50	1.52	58	23	5	5	5	9	15	20	28	10																				0	5	20	39	100
82	SVY- AAPM	64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	20	0.024	0.75	1.00	1.20	1.23	1.30	56	25	5	5	5	8	10	15	20	11																				0	2	23	35	500
83	Crosswalk	67810	Incisional biopsy of eyelid skin including lid margin		0.069			1.18			27	8	1	2			13			3																							
84	REC	64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level		0.071			1.18			34	13	1	5			10			5																							
85																																												
86						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
87	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
88	1st REF	64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	17	0.073			1.10			15						15																									
89	2nd REF	64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	13	0.100			1.00			10						10																									
90	CURRENT	64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block		0.029			1.68			65	15					35			15																							
91	SVY	64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)	60	0.124	0.60	1.00	1.24	1.50	30.00	10				1	8	10	15	35																				0	2	10	21	500
92	SVY- ASA	64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)	25	0.127	0.60	1.00	1.27	1.50	30.00	10				1	7	10	15	22																				0	0	4	25	500
93	SVY- AAPM&R	64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)	15	0.140	0.80	1.10	1.40	1.74	10.00	10				5	10	10	15	35																				0	3	10	18	50
94	SVY- AAPM	64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)	20	0.116	0.60	0.98	1.16	1.28	2.50	10				3	7	10	15	20																				0	10	20	21	50
95	Crosswalk	77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)		0.075			0.60			8						8																									

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	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
96	REC	64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)		0.060	0.60					10						10																											
97																																												
98						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
99	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
100	1st REF	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	25	0.078			1.27			35	5	5	5			10			10																							
101	2nd REF	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	8	0.066			1.52			42	7	5	5			15			10																							
102	CURRENT	64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		0.093			1.75			31	8					15			8																							
103	SVY	64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	54	0.035	0.84	1.19	1.30	1.59	30.00	55	24	5	5	1	10	11	15	31	10																					0	3	8	23	500
104	SVY- ASA	64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	26	0.051	0.92	1.05	1.30	1.56	30.00	47	20	5	5	1	10	11	15	30	6																					0	0	6	15	500
105	SVY- AAPM&R	64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	11	0.023	1.00	1.20	1.50	1.83	2.00	70	30	5	5	5	11	20	20	31	10																					0	3	6	15	50
106	SVY- AAPM	64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves	17	0.038	0.84	1.20	1.27	1.50	1.90	53	23	5	5	3	9	10	12	25	10																					3	5	12	25	50
107	REC	64425	Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves		0.081	1.19					25	7	1	1			11			5																							
108																																												
109						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
110	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
111	1st REF	64644	Chemodenervation of one extremity; 5 or more muscles	9	0.055			1.82			45	10	5	0			25			5																							
112	2nd REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	8	0.080			1.80			45	10	5	5			15			10																							
113	CURRENT	64430	Injection, anesthetic agent; pudendal nerve		0.057			1.46			39	11					17			11																							
114	SVY	64430	Injection, anesthetic agent(s) and/or steroid; pudendal nerve	67	0.063	0.10	1.15	1.50	1.89	3.60	52	22	5	5	1	5	10	15	35	10																					0	2	5	18	500
115	SVY- ASA	64430	Injection, anesthetic agent(s) and/or steroid; pudendal nerve	31	0.054	1.00	1.30	1.52	1.84	3.00	54	22	5	5	1	10	12	15	30	10																					*0*	*2*	*6*	*20*	*500*
116	SVY- AAPM	64430	Injection, anesthetic agent(s) and/or steroid; pudendal nerve	9	0.063	0.80	1.38	1.80	2.00	2.50	62	29	5	5	5	10	12	18	35	11																					*5*	*7*	*12*	*50*	*250*
117	SVY- ACOG	64430	Injection, anesthetic agent(s) and/or steroid; pudendal nerve	27	0.043	0.70	0.84	1.20	1.80	3.60	48	22	5	3	1	5	8	10	30	10																					*0*	*1*	*3*	*6*	*50*
118	REC	64430	Injection, anesthetic agent(s) and/or steroid; pudendal nerve		0.048	1.15					43	13	5	5			10			10																							
119																																												
120						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
121	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
122	1st REF	20551	Injection(s); single tendon origin/insertion	12	0.083			0.75			20	10					5			5																							
123	2nd REF	57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	11	0.060			1.20			29	7	1	1			15			5																							
124	CURRENT	64435	Injection, anesthetic agent; paracervical (uterine) nerve		0.064			1.45			33	8					17			8																							
125	SVY	64435	Injection, anesthetic agent(s) and/or steroid; paracervical (uterine) nerve	42	0.115	0.60	0.75	1.00	1.20	2.75	26	10	3	3	1	3	5	10	30	5																					0	5	18	50	500
126	REC	64435	Injection, anesthetic agent(s) and/or steroid; paracervical (uterine) nerve		0.083	0.75					20	7	3	0			5			5																							
127																																												

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
128						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
129	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
130	1st REF	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	19	0.078			1.27			35	5	5	5			10			10																							
131	2nd REF	64483	Injection(s), anesthetic agent andor steroid, transforaminal epidural, with imaging guidance (fluroscopy or CT); lumbar or sacral, single level	10	0.082			1.90			49	13	5	6			15			10																							
132	CURRENT	64445	Injection, anesthetic agent; sciatic nerve, single		0.054			1.48			48	13	5	5			15			10																							
133	SVY	64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single	68	0.093	0.80	1.30	1.51	1.83	10.00	38.5	15	3.5	4	1	6	10	13	30	6																						0	10	25	51	1000
134	SVY- ASA	64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single	57	0.114	0.88	1.35	1.52	1.90	10.00	33	13	3	3	1	6	9	10	20	5																						0	12	30	85	1000
135	SVY-AAPM&R	64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single	11	0.012	0.80	1.24	1.40	1.59	1.92	75	30	5	5	3	8	20	20	30	15																						0	1	12	20	52
136	Crosswalk	67810	Incisional biopsy of eyelid skin including lid margin		0.069			1.18			27	8	1	2			13			3																							
137	REC	64445	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single		0.088			1.18			24	7	1	1			10			5																							
138																																												
139						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
140	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
141	1st REF	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	26	0.107			2.20			45	10	5	5			15			10																							
142	2nd REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	8	0.080			1.80			45	10	5	5			15			10																							
143	CURRENT	64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)		0.045			1.81			64	19	5	5			20			15																							
144	SVY	64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)	48	0.106	1.00	1.80	2.19	2.33	10.00	45	15	4	5	1	10	15	19	30	6																						0	4	20	37	1000
145	Crosswalk	30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method		0.072			1.54			39	8	1	5			15			10																							
146	REC	64446	Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement)		0.070			1.54			40	13	1	5			15			6																							
147																																												
148						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
149	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
150	1st REF	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	27	0.078			1.27			35	5	5	5			10			10																							
151	2nd REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	8	0.080			1.80			45	10	5	5			15			10																							
152	CURRENT	64447	Injection, anesthetic agent; femoral nerve, single		0.061			1.50			44	13	1	5			15			10																							
153	SVY	64447	Injection(s), anesthetic agent(s) and/or steroid;femoral nerve, single	62	0.173	0.80	1.29	1.51	1.80	20.00	29	12	3	3	1	5	6	10	20	5																						0	13	30	60	1000
154	Crosswalk	31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)					1.10			21	5	1	5			7			3																							

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15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
155	REC	64447	Injection(s), anesthetic agent(s) and/or steroid;femoral nerve, single		0.112			1.10			27	12	1	3			6			5																							
156																																												
157						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
158	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
159	1st REF	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	23	0.107			2.20			45	10	5	5			15			10																							
160	2nd REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	12	0.080			1.80			45	10	5	5			15			10																							
161	CURRENT	64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)		0.054			1.63			55	19	1	5			15			15																							
162	SVY	64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	51	0.109	1.00	1.78	2.00	2.20	12.00	42	14	4	5	1	8	13	16	30	6																						0	4	20	30	1000
163	Crosswalk	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		0.090			1.55			39	10	3	5			11			10																							
164	REC	64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)		0.082			1.55			38	13	1	5			13			6																							
165																																												
166						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
167	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
168	1st REF	62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	18	0.107			2.20			45	10	5	5			15			10																							
169	2nd REF	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	8	0.080			1.80			45	10	5	5			15			10																							
170	CURRENT	64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)		0.049			1.81			60	19	5	5			20			11																							
171	SVY	64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	36	0.114	1.00	1.80	2.20	2.41	12.00	44	15	5	5	1	8	14	20	30	5																						0	0	2	9	1000
172	Crosswalk]	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		0.090			1.55			39	10	3	5			11			10																							
173	REC	64449	Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)		0.077			1.55			38	13	1	5			14			5																							
174																																												
175						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
176	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
177	1st REF	64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	20	0.078			1.27			35	5	5	5			10			10																							
178	2nd REF	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	18	0.066			1.52			42	7	5	5			15			10																							
179	CURRENT	64450	Injection, anesthetic agent; other peripheral nerve or branch		0.083			0.75			20	10					5			5																							
180	SVY	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	88	0.061	0.50	1.00	1.34	1.80	6.50	46	21	5	5	1	5	10	15	45	5																					0	12	26	60	1475
181	SVY- ASA	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	29	0.064	0.50	1.25	1.35	1.84	6.50	45	20	5	5	1	6	10	15	30	5																					0	10	25	60	400
182	SVY- AAPM&R	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	15	0.084	0.75	1.10	1.60	1.82	2.00	47	20	5	5	1	9	10	19	45	7																					0	11	30	50	200
183	SVY- AAPM	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	17	0.035	0.68	0.90	1.33	1.80	4.00	56	23	5	5	2	10	12	15	25	11																					5	25	30	50	400
184	SVY- AAN	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	27	0.084	0.55	0.93	1.15	1.50	2.00	34	13	5	3	1	5	7	10	20	6																					1	8	20	95	1475
185	Crosswalk	20553	Injection(s); single or multiple trigger point(s), 3 or more muscles		0.044			0.75			27	5	2	5			10			5																							
186	REC	64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		0.090			0.75			19	7	1	1			5			5																							
187																																											
188																																											

CPT Code:___64400_____
Specialty Society_____AAN, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64400 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 32% of the time.

4. What specialty is the dominant provider in the nonfacility? *Neurology – 59%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *67%*
   Is the dominant provider in the nonfacility different then for the global? *No.*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are

not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code). *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Table, exam - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	**Supply**	**64400**
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SC028	needle, 18-26g 1.5-3.5in, spinal	For performing the procedure
SH021	bupivacaine 0.25% inj (Marcaine)	For performing the procedure
SC053	syringe 20ml	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SJ081	swab, patient prep, 1.5 ml (chloraprep)	For sterile prep

CPT Code:___64415_____
Specialty Society_____ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64415 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 1% of the time.

4. What specialty is the dominant provider in the nonfacility? *Neurology – 34%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *This service is provided in the non-facility setting 2% of the time.*
   Is the dominant provider in the nonfacility different then for the global? *Yes. For the global, the dominant specialty is Anesthesiology (87%)*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are

not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Table, exam – default
    Nerve stimulator (eg, for nerve block) – default
    ECG, 3-channel (with SpO2, NIBP, temp, respt) – default
    Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	**Supply**	**64415**
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SC038	needle, epidural (RK)	For performing the procedure
SC053	syringe 20ml	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SD269	Grounding pad	For performing the procedure
SB019	drape-towel, sterile 18in x 26in	For sterile prep
SJ081	swab, patient prep, 1.5 ml (chloraprep)	For sterile prep

CPT Code:___64417_____
Specialty Society_____ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; axillary nerve

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64417 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 2% of the time.

4. What specialty is the dominant provider in the nonfacility? *Neurology – 48%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *This service is provided in the non-facility setting less than 10% of the time.*

   Is the dominant provider in the nonfacility different then for the global? *For the global, the dominant specialty is Anesthesiology (79%)*

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely

supplies) that are typically used when providing this service in the non-facility environment that are not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

    Table, exam – default

Nerve stimulator (eg, for nerve block) – default
Mayo stand - default

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	**Supply**	**64417**
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH021	bupivacaine 0.25% inj (Marcaine)	For performing the procedure
SD050	electrode needle, injectable (Myoject)	For performing the procedure
SC038	needle, epidural (RK)	For performing the procedure
SC053	syringe 20ml	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SJ081	swab, patient prep, 1.5 ml (chloraprep)	For sterile prep

CPT Code:___64420_____
Specialty Society_____AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64420 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 38% of the time.

4. What specialty is the dominant provider in the nonfacility? *Interventional Pain Management – 17%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *47%*
   Is the dominant provider in the nonfacility different then for the global? *For the global, the dominant specialty is Anesthesiology (40%)*

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    Table, exam – default
    Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	Supply	64420
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SC034	needle, blunt tip	For performing the procedure
SJ053	swab-pad, alcohol	For performing the procedure
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SC051	syringe 10-12ml	For performing the procedure

CPT Code:___64421_____
Specialty Society_____AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64421 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 31% of the time.

4. What specialty is the dominant provider in the nonfacility? *Anesthesiology – 22%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *57%*
   Is the dominant provider in the nonfacility different then for the global? *No.*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    Table, exam – default
    Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

18. Please include an explanation of each line item:

Code	**Supply**	**64421**

SC057	syringe 5-6ml	For performing the procedure
SG051	gauze, non-sterile 4in x 4in	For performing the procedure
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SC053	syringe 20ml	For performing the procedure
SC029	needle, 18-27g	For performing the procedure
SG021	bandage, strip 0.75in x 3in (Bandaid)	For performing the procedure

CPT Code:___64425_____
Specialty Society_____AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64425 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 33% of the time.

4. What specialty is the dominant provider in the nonfacility? *Anesthesiology – 20%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *61%*
   Is the dominant provider in the nonfacility different then for the global? *No.*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Table, exam – default
    Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

18. Please include an explanation of each line item:

Code	**Supply**	**64425**
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure; more injectate is required for this procedure since with this injection a "loss of resistance technique" is used
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure; more injectate is required for this procedure since with this injection a "loss of resistance technique" is used
SC038	needle, epidural (RK)	For performing the procedure; this needle has a blunted end, which is safer for the "loss of resistance technique" used in the injection to avoid injury with an injection that goes too deep
SC051	syringe 10-12ml	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SJ081	swab, patient prep, 1.5 ml (chloraprep)	For sterile prep

CPT Code:___64445_____
Specialty Society_____AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64445 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 29% of the time.

4. What specialty is the dominant provider in the nonfacility? *Internal Medicine – 28%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *59%*
   Is the dominant provider in the nonfacility different then for the global? *For the global, the dominant specialty is Anesthesiology (37%)*

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are

not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    Table, exam – default
    Nerve stimulator (eg, for nerve block) – default
    ECG, 3-channel (with SpO2, NIBP, temp, respt) – default
    Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	**Supply**	**64445**
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SC053	syringe 20ml	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SD050	electrode needle, injectable (Myoject)	For performing the procedure
SJ081	swab, patient prep, 1.5 ml (chloraprep)	For sterile prep

CPT Code:___64447_____
Specialty Society_____ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, single

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64447 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 1% of the time.

4. What specialty is the dominant provider in the nonfacility? *Internal Medicine – 61%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *This service is provided in the non-facility setting 13% of the time.*

   Is the dominant provider in the nonfacility different then for the global? *For the global, the dominant specialty is Anesthesiology (77%)*

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

    Table, exam – default
    Nerve stimulator (eg, for nerve block) – default
    ECG, 3-channel (with SpO2, NIBP, temp, respt) – default
    Mayo stand - default

17. If there is any other item on your spreadsheet that needs further explanation please include here:
Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).

18. Please include an explanation of each line item:

Code	**Supply**	**64447**
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SC053	syringe 20ml	For performing the procedure
SC051	syringe 10-12ml	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SJ081	swab, patient prep, 1.5 ml (chloraprep)	For sterile prep

CPT Code:___64450_____
Specialty Society_____AAN, AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64450 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No it is billed with an E/M office visit 32% of the time.

4. What specialty is the dominant provider in the nonfacility? *Nurse Practitioners – 20%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *63%*
   Is the dominant provider in the nonfacility different then for the global? *For the global, the dominant specialty is Anesthesiology (26%)*

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are

not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *5 minutes*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    Table, exam – default
    Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	**Supply**	**64450**
SA041	pack, basic injection	For performing the procedure
SA048	pack, minimum multi-specialty visit	For day of procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SC051	syringe 10-12ml	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SJ081	swab, patient prep, 1.5 ml (chloraprep)	For sterile prep

CPT Code:____64400_____
Specialty Society_____AAN, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64400 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   We are requesting an increase over the current total cost for clinical staff time. Based on our Expert Panel review we identified a number of areas where clinical staff time is involved when providing this service in a facility environment that are not currently included.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

CPT Code:____64400_____
Specialty Society_____AAN, ASA_____

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

CPT Code:____64415_____
Specialty Society_____ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64415 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   We are requesting an increase over the current total cost for clinical staff time. Based on our Expert Panel review we identified a number of areas where clinical staff time is involved when providing this service in a facility environment that are not currently included.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64417_____
Specialty Society_____ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; axillary nerve

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64417 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

CPT Code:____64417_____
Specialty Society_____ASA_____

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64420_____
Specialty Society_____AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64420 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64421____
Specialty Society_____AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each additional level (List separately in addition to code for primary procedure)

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64421 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64425____
Specialty Society_____AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64425 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64445____
Specialty Society____AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64445 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   We are requesting an increase over the current total cost for clinical staff time. Based on our Expert Panel review we identified a number of areas where clinical staff time is involved when providing this service in a facility environment that are not currently included.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64447____
Specialty Society____ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, single

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64447 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   We are requesting an increase over the current total cost for clinical staff time. Based on our Expert Panel review we identified a number of areas where clinical staff time is involved when providing this service in a facility environment that are not currently included.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64449____
Specialty Society____ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64449 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

   We are requesting an increase over the current total cost for clinical staff time. Based on our Expert Panel review we identified a number of areas where clinical staff time is involved when providing this service in a facility environment that are not currently included.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64450____
Specialty Society____AAN, AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations. The Expert Panel was composed of clinicians from across the US practicing in small and large private practices and academic settings.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64450 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				64400		64400		64408		64408		64415		64415		64417	
3		***RUC Collaboration Website***				Injection, anesthetic agent; trigeminal nerve, any division or branch		Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic,		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; brachial plexus, single		Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single		Injection, anesthetic agent; axillary nerve	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per														
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				0	0			0	0			0	0			0	0
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 41.92	$ 6.29	$ 33.32	$ 4.44	$ 35.54	$ 10.36	$ 20.32	$ 2.96	$ 49.78	$ -	$ 49.95	$ 4.44	$ 60.79	$ 6.29
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	65.0	17.0	33.0	12.0	47.0	28.0	33.0	8.0	39.0	0.0	47.0	12.0	58.0	17.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	8.0	14.0	3.0	9.0	16.0	25.0	0.0	5.0	0.0	0.0	3.0	9.0	8.0	14.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	54.0	0.0	27.0	0.0	28.0	0.0	30.0	0.0	36.0	0.0	41.0	0.0	47.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0
12		~~TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE~~				$ 24.05	$ 6.29	$ 12.21	$ 4.44	$ 17.39	$ 10.36	$ 12.21	$ 2.96	$ 14.43	$ -	$ 17.39	$ 4.44	$ 21.46	$ 6.29
13		PRE-SERVICE PERIOD																	
14		Start: Following visit when decision for surgery or procedure made																	
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		3		0								0		3
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				3								3		
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		3		3				5				3		3
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	5	5	0	0							0	0	5	5
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	3	3	3	3							3	3	3	3
20	CA006	Confirm availability of prior images/studies	L051B	RN/Diagnostic	0.51														
21	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37														
22	CA008	Perform regulatory mandated quality assurance	L037D	RN/LPN/MTA	0.37					16	25								
29		End: When patient enters office/facility for surgery/procedure																	
30		SERVICE PERIOD																	
31		Start: When patient enters office/facility for surgery/procedure:																	
32		Pre-Service (of service period)																	
33	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37	3		3				3		3		3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	5		5				3		5		5		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37			3				3				3			
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37														
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	5		2				2		2		0		5	
38	CA013	Prepare room, equipment and supplies	L051B	RN/Diagnostic	0.51														
39	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37														
40	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37														
41	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37	2		2						2		0		2	
42	CA016	Prepare, set-up and start IV, initial positioning and	L051B	RN/Diagnostic	0.51														
43	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37														
50		Intra-service (of service period)																	
51	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37	0		6				5		0		12		12	
52	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37	18								10					
53	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37														
54	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.37					28	0								
61	CA021	Perform procedure/service---NOT directly related to	L051B	RN/Diagnostic	0.51														
62		Post-Service (of service period)																	
63	CA022	Monitor patient following procedure/service,	L037D	RN/LPN/MTA	0.37	15		0				8		0		15		15	
64	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37									8					
65	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3				3		3		0		3	
66	CA024	Clean room/equipment by clinical staff	L051B	RN/Diagnostic	0.51														
67	CA025	Clean scope	L037D	RN/LPN/MTA	0.37														
68	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37														
69	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA	0.37														
70	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37														
71	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	1		1				1		1		1		1	
72	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37														
73	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37														

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				64400		64400		64408		64408		64415		64415		64417	
3		***RUC Collaboration Website***				Injection, anesthetic agent; trigeminal nerve, any division or branch		Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic,		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; brachial plexus, single		Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single		Injection, anesthetic agent; axillary nerve	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per														
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				0	0			0	0			0	0			0	0
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 41.92	$ 6.29	$ 33.32	$ 4.44	$ 35.54	$ 10.36	$ 20.32	$ 2.96	$ 49.78	$ -	$ 49.95	$ 4.44	$ 60.79	$ 6.29
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	65.0	17.0	33.0	12.0	47.0	28.0	33.0	8.0	39.0	0.0	47.0	12.0	58.0	17.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	8.0	14.0	3.0	9.0	16.0	25.0	0.0	5.0	0.0	0.0	3.0	9.0	8.0	14.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	54.0	0.0	27.0	0.0	28.0	0.0	30.0	0.0	36.0	0.0	41.0	0.0	47.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0
74	CA031	Review examination with interpreting MD/DO	L051B	RN/Diagnostic	0.51														
75	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA	0.37														
76	CA032	Scan exam documents into PACS. Complete exam in	L051B	RN/Diagnostic	0.51														
77	CA033	Perform regulatory mandated quality assurance	L037D	RN/LPN/MTA	0.37														
78	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37														
79	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37	2		2				2		2		2		1	
80	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	n/a		n/a		n/a		n/a		n/a		n/a		n/a	
87		End: Patient leaves office																	
88		POST-SERVICE PERIOD																	
89		Start: Patient leaves office/facility																	
90	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3	3	3	3			3	3	3		3	3	3	3
91	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37					3	3								
92		***Office visits: List Number and Level of Office Visits***	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
93		99211 16 minutes	16																
94		99212 27 minutes	27																
95		99213 36 minutes	36																
96		99214 53 minutes	53																
97		99215 63 minutes	63																
98	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
105		End: with last office visit before end of global period																	

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				64400		64400		64408		64408		64415		64415		64417	
3		***RUC Collaboration Website***				Injection, anesthetic agent; trigeminal nerve, any division or branch		Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic,		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; brachial plexus, single		Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single		Injection, anesthetic agent; axillary nerve	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per														
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				0	0			0	0			0	0			0	0
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 41.92	$ 6.29	$ 33.32	$ 4.44	$ 35.54	$ 10.36	$ 20.32	$ 2.96	$ 49.78	$ -	$ 49.95	$ 4.44	$ 60.79	$ 6.29
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	65.0	17.0	33.0	12.0	47.0	28.0	33.0	8.0	39.0	0.0	47.0	12.0	58.0	17.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	8.0	14.0	3.0	9.0	16.0	25.0	0.0	5.0	0.0	0.0	3.0	9.0	8.0	14.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	54.0	0.0	27.0	0.0	28.0	0.0	30.0	0.0	36.0	0.0	41.0	0.0	47.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0
106	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT															
107		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 17.55	$ -	$ 21.01	$ -	$ 17.55	$ -	$ 7.87	$ -	$ 34.67	$ -	$ 31.28	$ -	$ 39.01	$ -
108	SA041	pack, basic injection	11.67	pack		1		1		1				1		1		1	0
109	SA048	pack, minimum multi-specialty visit	1.143	pack		1		1		1		1				1		1	0
110	SA051	pack, pelvic exam	1.172	pack															
111	SC040	needle, Kopan	18.75	item															
112	SK075	skin marking pen, sterile (Skin Skribe)	1.048	item				1								1			
113	SH023	chlorhexidine 0.12% (Peridex)	0.408	oz				1								1			
114	SC028	needle, 18-26g 1.5-3.5in, spinal	3.314	item		1		1		1		1							
115	SC034	needle, blunt tip	0.33	item						new		1							
116	SC057	syringe 5-6ml	0.15	item		1				1		1							
117	SH021	bupivacaine 0.25% inj (Marcaine)	0.254	ml		5		5		5		5						20	0
118	SB006	drape, non-sterile, sheet 40in x 60in	0.222	item															
119	SJ052	swab, procto 16in	0.117	item															
120	SJ043	povidone swabsticks (3 pack uou)	0.409	item															
121	1	Invoice #1850307197	5.24	item															
122	SJ053	swab-pad, alcohol	0.013	item						new		2							
123	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item						new		1							
124	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item				2		new		2				2			
125	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml												5			
126	SD050	electrode needle, injectable (Myoject)	20	item										1				1	
127	SH022	bupivacaine 0.5% inj (Marcaine)	0.1	ml										30		30			
128	SC038	needle, epidural (RK)	10	item												1			
129	SC053	syringe 20ml	0.558	item				1								2		2	
130	SC051	syringe 10-12ml	0.184	item															
131	SA088	tray, surgical skin prep, sterile	6.7647	tray				0								0			
132	SD269	Grounding pad	2.76	item												0			
133	SB019	drape-towel, sterile 18in x 26in	0.282	item												4			
134	SC029	needle, 18-27g	0.089	item															
135	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.043	item															
136	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.04	item				0								0			
137	SB005	cover-condom, transducer or ultrasound probe	0.35	item															
138	SJ033	lubricating jelly (Surgilube)	0.501	oz															
139	SM012	disinfectant spray (Transeptic)	0.028	ml															
140	SM021	sanitizing cloth-wipe (patient)	0.037	item															
141		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*																	

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				64400		64400		64408		64408		64415		64415		64417	
3		***RUC Collaboration Website***				Injection, anesthetic agent; trigeminal nerve, any division or branch		Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic,		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; vagus nerve		Injection, anesthetic agent; brachial plexus, single		Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, single		Injection, anesthetic agent; axillary nerve	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per														
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				0	0			0	0			0	0			0	0
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 41.92	$ 6.29	$ 33.32	$ 4.44	$ 35.54	$ 10.36	$ 20.32	$ 2.96	$ 49.78	$ -	$ 49.95	$ 4.44	$ 60.79	$ 6.29
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	65.0	17.0	33.0	12.0	47.0	28.0	33.0	8.0	39.0	0.0	47.0	12.0	58.0	17.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	8.0	14.0	3.0	9.0	16.0	25.0	0.0	5.0	0.0	0.0	3.0	9.0	8.0	14.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	54.0	0.0	27.0	0.0	28.0	0.0	30.0	0.0	36.0	0.0	41.0	0.0	47.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.37	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	3.0
143	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute														
144		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 0.32	$ -	$ 0.10	$ -	$ 0.60	$ -	$ 0.24	$ -	$ 0.68	$ -	$ 1.27	$ -	$ 0.32	$ -
145	EF023	table, exam	1338.17	Default	0.003	107		25		88				36		24		89	
146	EQ168	light, exam	1630.12	Default	0.0043														
147	EF027	table, instrument, mobile	634	Default	0.0014														
148	EQ211	pulse oximeter w-printer	1207.18	Default	0.0039					88									
149	EF008	chair with headrest, exam, reclining	4836.33	Default	0.0108					new		20							
150	EQ184	nerve stimulator (eg, for nerve block)	572.3	Default	0.0018									36		0		29	
151	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	4322.5	Default	0.014			0						36		84			
152	EF018	stretcher	1915	Default	0.0051														
153	EF015	mayo stand	530.76		0.0012			25				20				24			
154	ED050	Technologist PACS workstation	5557		0.022														
155	ED053	Professional PACS Workstation	14616.93		0.0579														
156	EQ250	ultrasound unit, portable	29999		0.1162														
157																			
158		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																	

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
1	RUC Practice Expense Spreadsheet		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2	REVISED	*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	64417		64420		64420		64421		64421		64425		64425		64430		64430	
3		RUC Collaboration Website	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve		Injection, anesthetic agent; intercostal nerve, single		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level		Injection, anesthetic agent; intercostal nerves, multiple, regional block		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each		Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves		Injection, anesthetic agent; pudendal nerve		Injection, anesthetic agent(s) and/or steroid; pudendal nerve	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,																		
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD			0	0			ZZZ	ZZZ			0	0			0	0		
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 69.95	$ 4.44	$ 40.05	$ 6.29	$ 35.67	$ 4.44	$ 51.53	$ 6.29	$ 6.48	$ -	$ 37.78	$ 6.29	$ 48.54	$ 4.44	$ 54.02	$ 6.29	$ 23.78	$ 4.07
8		TOTAL CLINICAL STAFF TIME	45.0	12.0	60.0	17.0	52.0	12.0	72.0	17.0	10.0	0.0	54.0	17.0	53.0	12.0	53.0	17.0	34.0	11.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	3.0	9.0	8.0	14.0	3.0	9.0	8.0	14.0	0.0	0.0	8.0	14.0	3.0	9.0	8.0	14.0	0.0	8.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	39.0	0.0	49.0	0.0	46.0	0.0	61.0	0.0	10.0	0.0	43.0	0.0	47.0	0.0	42.0	0.0	31.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	0.0	0.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
12		TOTAL COST OF CLINICAL STAFF TIME X RATE PER MINUTE	$ 16.65	$ 4.44	$ 22.20	$ 6.29	$ 19.24	$ 4.44	$ 26.64	$ 6.29	$ 3.70	$ -	$ 19.98	$ 6.29	$ 19.61	$ 4.44	$ 19.61	$ 6.29	$ 12.58	$ 4.07
13		PRE-SERVICE PERIOD																		
14		Start: Following visit when decision for surgery or pr																		
15	CA001	Complete pre-service diagnostic and referral forms		0		3		0		3				3		0		3		3
16	CA002	Coordinate pre-surgery services (including test results)		3				3								3				
17	CA003	Schedule space and equipment in facility		3		3		3		3				3		3		3		
18	CA004	Provide pre-service education/obtain consent	0	0	5	5	0	0	5	5			5	5	0	0	5	5		5
19	CA005	Complete pre-procedure phone calls and prescription	3	3	3	3	3	3	3	3			3	3	3	3	3	3		
20	CA006	Confirm availability of prior images/studies																		
21	CA007	Review patient clinical extant information and																		
22	CA008	Perform regulatory mandated quality assurance																		
29		End: When patient enters office/facility for surgery/pr																		
30		SERVICE PERIOD																		
31		Start: When patient enters office/facility for surgery/p																		
32		Pre-Service (of service period)																		
33	CA009	Greet patient, provide gowning, ensure appropriate	3		3		3		3				3		3		3		3	
34	CA010	Obtain vital signs	5		5		5		5				5		5		3		5	
35	CA011	Provide education/obtain consent	3				3								3				3	
36	CA012	Review requisition, assess for special needs																		
37	CA013	Prepare room, equipment and supplies	0		5		2		5				3		2		5		2	
38	CA013	Prepare room, equipment and supplies																		
39	CA014	Confirm order, protocol exam																		
40	CA015	Setup scope (nonfacility setting only)																		
41	CA016	Prepare, set-up and start IV, initial positioning and	0		2		2		2				2		2		2		2	
42	CA016	Prepare, set-up and start IV, initial positioning and																		
43	CA017	Sedate/apply anesthesia																		
50		Intra-service (of service period)																		
51	CA018	Assist physician or other qualified healthcare	10				10		0		10		0		11				10	
52	CA019	Assist physician or other qualified healthcare			11				23				9							
53	CA020	Assist physician or other qualified healthcare															9			
54	CA021	Perform procedure/service---NOT directly related to																		
61	CA021	Perform procedure/service---NOT directly related to																		
62		Post-Service (of service period)																		
63	CA022	Monitor patient following procedure/service,	15		15		15		15				15		15		15		3	
64	CA023	Monitor patient following procedure/service, no																		
65	CA024	Clean room/equipment by clinical staff	0		3		3		3				3		3		3		3	
66	CA024	Clean room/equipment by clinical staff																		
67	CA025	Clean scope																		
68	CA026	Clean surgical instrument package																		
69	CA027	Complete post-procedure diagnostic forms, lab and x-																		
70	CA028	Review/read post-procedure x-ray, lab and pathology			2				2											
71	CA029	Check dressings, catheters, wounds	1		1		1		1				1		1		2			
72	CA030	Technologist QC's images in PACS, checking for all																		
73	CA031	Review examination with interpreting MD/DO																		

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
1	RUC Practice Expense Spreadsheet		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	64417		64420		64420		64421		64421		64425		64425		64430		64430	
3		***RUC Collaboration Website***	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve		Injection, anesthetic agent; intercostal nerve, single		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level		Injection, anesthetic agent; intercostal nerves, multiple, regional block		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each		Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves		Injection, anesthetic agent; pudendal nerve		Injection, anesthetic agent(s) and/or steroid; pudendal nerve	
4	Clinical Activity Code	**Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**																		
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**0**	**0**			**ZZZ**	**ZZZ**			**0**	**0**			**0**	**0**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 69.95**	**$ 4.44**	**$ 40.05**	**$ 6.29**	**$ 35.67**	**$ 4.44**	**$ 51.53**	**$ 6.29**	**$ 6.48**	**$ -**	**$ 37.78**	**$ 6.29**	**$ 48.54**	**$ 4.44**	**$ 54.02**	**$ 6.29**	**$ 23.78**	**$ 4.07**
8		**TOTAL CLINICAL STAFF TIME**	**45.0**	**12.0**	**60.0**	**17.0**	**52.0**	**12.0**	**72.0**	**17.0**	**10.0**	**0.0**	**54.0**	**17.0**	**53.0**	**12.0**	**53.0**	**17.0**	**34.0**	**11.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**9.0**	**8.0**	**14.0**	**3.0**	**9.0**	**8.0**	**14.0**	**0.0**	**0.0**	**8.0**	**14.0**	**3.0**	**9.0**	**8.0**	**14.0**	**0.0**	**8.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**39.0**	**0.0**	**49.0**	**0.0**	**46.0**	**0.0**	**61.0**	**0.0**	**10.0**	**0.0**	**43.0**	**0.0**	**47.0**	**0.0**	**42.0**	**0.0**	**31.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
74	CA031	Review examination with interpreting MD/DO																		
75	CA032	Scan exam documents into PACS. Complete exam in																		
76	CA032	Scan exam documents into PACS. Complete exam in																		
77	CA033	Perform regulatory mandated quality assurance																		
78	CA034	Document procedure (nonPACS) (e.g. mandated																		
79	CA035	Review home care instructions, coordinate	2		2		2		2				2		2					
80	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
87		**End: Patient leaves office**																		
88		**POST-SERVICE PERIOD**																		
89		**Start: Patient leaves office/facility**																		
90	CA037	Conduct patient communications	3	3	3	3	3	3	3	3			3	3	3	3	3	3	3	3
91	CA038	Coordinate post-procedure services																		
92		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
93		99211 16 minutes																		
94		99212 27 minutes																		
95		99213 36 minutes																		
96		99214 53 minutes																		
97		99215 63 minutes																		
98	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
105		**End: with last office visit before end of global period**																		

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
1	RUC Practice Expense Spreadsheet		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	64417		64420		64420		64421		64421		64425		64425		64430		64430	
3		***RUC Collaboration Website***	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve		Injection, anesthetic agent; intercostal nerve, single		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level		Injection, anesthetic agent; intercostal nerves, multiple, regional block		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each		Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves		Injection, anesthetic agent; pudendal nerve		Injection, anesthetic agent(s) and/or steroid; pudendal nerve	
4	Clinical Activity Code	**Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**																		
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**0**	**0**			**ZZZ**	**ZZZ**			**0**	**0**			**0**	**0**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 69.95**	**$ 4.44**	**$ 40.05**	**$ 6.29**	**$ 35.67**	**$ 4.44**	**$ 51.53**	**$ 6.29**	**$ 6.48**	**$ -**	**$ 37.78**	**$ 6.29**	**$ 48.54**	**$ 4.44**	**$ 54.02**	**$ 6.29**	**$ 23.78**	**$ 4.07**
8		**TOTAL CLINICAL STAFF TIME**	**45.0**	**12.0**	**60.0**	**17.0**	**52.0**	**12.0**	**72.0**	**17.0**	**10.0**	**0.0**	**54.0**	**17.0**	**53.0**	**12.0**	**53.0**	**17.0**	**34.0**	**11.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**9.0**	**8.0**	**14.0**	**3.0**	**9.0**	**8.0**	**14.0**	**0.0**	**0.0**	**8.0**	**14.0**	**3.0**	**9.0**	**8.0**	**14.0**	**0.0**	**8.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**39.0**	**0.0**	**49.0**	**0.0**	**46.0**	**0.0**	**61.0**	**0.0**	**10.0**	**0.0**	**43.0**	**0.0**	**47.0**	**0.0**	**42.0**	**0.0**	**31.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
106	**Supply Code**	**MEDICAL SUPPLIES**																		
107		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 52.06**	**$ -**	**$ 17.55**	**$ -**	**$ 15.06**	**$ -**	**$ 24.58**	**$ -**	**$ 1.76**	**$ -**	**$ 17.55**	**$ -**	**$ 27.55**	**$ -**	**$ 34.16**	**$ -**	**$ 10.96**	**$ -**
108	SA041	pack, basic injection	1		1		1		1				1		1		1			
109	SA048	pack, minimum multi-specialty visit	1		1		1		1				1		1		1		1	
110	SA051	pack, pelvic exam															1		1	
111	SC040	needle, Kopan															1			
112	SK075	skin marking pen, sterile (Skin Skribe)	1				1								1					
113	SH023	chlorhexidine 0.12% (Peridex)	1												1					
114	SC028	needle, 18-26g 1.5-3.5in, spinal			1				3				1							
115	SC034	needle, blunt tip					1													
116	SC057	syringe 5-6ml			1								1		1		1			
117	SH021	bupivacaine 0.25% inj (Marcaine)	20		5				5				5				5		10	
118	SB006	drape, non-sterile, sheet 40in x 60in																	1	
119	SJ052	swab, procto 16in																	2	
120	SJ043	povidone swabsticks (3 pack uou)																	1	
121	1	Invoice #1850307197																	1	
122	SJ053	swab-pad, alcohol					1													
123	SG021	bandage, strip 0.75in x 3in (Bandaid)																		
124	SG056	gauze, sterile 4in x 4in (10 pack uou)	**2**								1				**2**					
125	SH047	lidocaine 1%-2% inj (Xylocaine)					5				2				10					
126	SD050	electrode needle, injectable (Myoject)	1																	
127	SH022	bupivacaine 0.5% inj (Marcaine)					5				2				10					
128	SC038	needle, epidural (RK)	1												1					
129	SC053	syringe 20ml	2						1		1									
130	SC051	syringe 10-12ml					1								1					
131	SA088	tray, surgical skin prep, sterile	**0**												**0**					
132	SD269	Grounding pad																		
133	SB019	drape-towel, sterile 18in x 26in																		
134	SC029	needle, 18-27g									1									
135	SG021	bandage, strip 0.75in x 3in (Bandaid)									1									
136	SJ081	swab, patient prep, 1.5 ml (chloraprep)	**0**												**0**					
137	SB005	cover-condom, transducer or ultrasound probe																		
138	SJ033	lubricating jelly (Surgilube)																		
139	SM012	disinfectant spray (Transeptic)																		
140	SM021	sanitizing cloth-wipe (patient)																		
141		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*																		

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
1	RUC Practice Expense Spreadsheet		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	64417		64420		64420		64421		64421		64425		64425		64430		64430	
3		***RUC Collaboration Website***	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve		Injection, anesthetic agent; intercostal nerve, single		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level		Injection, anesthetic agent; intercostal nerves, multiple, regional block		Injection(s), anesthetic agent(s) and/or steroid; intercostal nerves, multiple, regional block, each		Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves		Injection, anesthetic agent; pudendal nerve		Injection, anesthetic agent(s) and/or steroid; pudendal nerve	
4	Clinical Activity Code	**Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**																		
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**0**	**0**			**ZZZ**	**ZZZ**			**0**	**0**			**0**	**0**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 69.95**	**$ 4.44**	**$ 40.05**	**$ 6.29**	**$ 35.67**	**$ 4.44**	**$ 51.53**	**$ 6.29**	**$ 6.48**	**$ -**	**$ 37.78**	**$ 6.29**	**$ 48.54**	**$ 4.44**	**$ 54.02**	**$ 6.29**	**$ 23.78**	**$ 4.07**
8		**TOTAL CLINICAL STAFF TIME**	**45.0**	**12.0**	**60.0**	**17.0**	**52.0**	**12.0**	**72.0**	**17.0**	**10.0**	**0.0**	**54.0**	**17.0**	**53.0**	**12.0**	**53.0**	**17.0**	**34.0**	**11.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**9.0**	**8.0**	**14.0**	**3.0**	**9.0**	**8.0**	**14.0**	**0.0**	**0.0**	**8.0**	**14.0**	**3.0**	**9.0**	**8.0**	**14.0**	**0.0**	**8.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**39.0**	**0.0**	**49.0**	**0.0**	**46.0**	**0.0**	**61.0**	**0.0**	**10.0**	**0.0**	**43.0**	**0.0**	**47.0**	**0.0**	**42.0**	**0.0**	**31.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**
143	Equipment Code	**EQUIPMENT**																		
144		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 1.24**	**$ -**	**$ 0.30**	**$ -**	**$ 1.36**	**$ -**	**$ 0.30**	**$ -**	**$ 1.02**	**$ -**	**$ 0.25**	**$ -**	**$ 1.38**	**$ -**	**$ 0.26**	**$ -**	**$ 0.24**	**$ -**
145	EF023	table, exam	22				29				10		85		30		87		28	
146	EQ168	light, exam																	28	
147	EF027	table, instrument, mobile																	28	
148	EQ211	pulse oximeter w-printer																		
149	EF008	chair with headrest, exam, reclining																		
150	EQ184	nerve stimulator (eg, for nerve block)	**0**																	
151	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	**82**				**89**				**70**				**90**					
152	EF018	stretcher			60				60	0										
153	EF015	mayo stand	22				29				10				30					
154	ED050	Technologist PACS workstation																		
155	ED053	Professional PACS Workstation																		
156	EQ250	ultrasound unit, portable																		
157																				
158		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																		

	A	B	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	64435		64435		64445		64445		64447		64447		64449		64449		64450	
3		RUC Collaboration Website	Injection, anesthetic agent; paracervical (uterine) nerve		Injection, anesthetic agent(s) and/or steroid; paracervical (uterine) nerve		Injection, anesthetic agent; sciatic nerve, single		Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single		Injection, anesthetic agent; femoral nerve, single		Injection(s), anesthetic agent(s) and/or steroid;femoral nerve, single		Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter		Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion		Injection, anesthetic agent; other peripheral nerve or branch	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,																		
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	0	0			0	0			0	0			0	0			0	0
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 54.02	$ 6.29	$ 21.89	$ 4.07	$ 50.94	$ -	$ 59.66	$ 4.44	$ 50.55	$ -	$ 36.67	$ 4.44	$ -	$ 2.22	$ -	$ 4.44	$ 33.11	$ 6.29
8		TOTAL CLINICAL STAFF TIME	53.0	17.0	29.0	11.0	42.0	0.0	52.0	12.0	41.0	0.0	41.0	12.0	0.0	6.0	0.0	12.0	50.0	17.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	8.0	14.0	0.0	8.0	0.0	0.0	3.0	9.0	0.0	0.0	3.0	9.0	0.0	0.0	0.0	9.0	8.0	14.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	42.0	0.0	26.0	0.0	39.0	0.0	46.0	0.0	38.0	0.0	35.0	0.0	0.0	6.0	0.0	0.0	39.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	0.0	3.0	3.0	0.0	0.0	0.0	3.0	3.0	3.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 19.61	$ 6.29	$ 10.73	$ 4.07	$ 15.54	$ -	$ 19.24	$ 4.44	$ 15.17	$ -	$ 15.17	$ 4.44	$ -	$ 2.22	$ -	$ 4.44	$ 18.50	$ 6.29
13		PRE-SERVICE PERIOD																		
14		Start: Following visit when decision for surgery or pr																		
15	CA001	Complete pre-service diagnostic and referral forms		3		3				0				0				0		3
16	CA002	Coordinate pre-surgery services (including test results)								3				3				3		
17	CA003	Schedule space and equipment in facility		3						3				3				3		3
18	CA004	Provide pre-service education/obtain consent	5	5		5			0	0			0	0				0	5	5
19	CA005	Complete pre-procedure phone calls and prescription	3	3					3	3			3	3				3	3	3
20	CA006	Confirm availability of prior images/studies																		
21	CA007	Review patient clinical extant information and																		
22	CA008	Perform regulatory mandated quality assurance																		
29		End: When patient enters office/facility for surgery/pr																		
30		SERVICE PERIOD																		
31		Start: When patient enters office/facility for surgery/p																		
32		Pre-Service (of service period)																		
33	CA009	Greet patient, provide gowning, ensure appropriate	3		3		3		3		3		3						3	
34	CA010	Obtain vital signs	3		5		5		5		5		5						5	
35	CA011	Provide education/obtain consent			3				3				3							
36	CA012	Review requisition, assess for special needs																		
37	CA013	Prepare room, equipment and supplies	5		2		2		2		2		0						5	
38	CA013	Prepare room, equipment and supplies																		
39	CA014	Confirm order, protocol exam																		
40	CA015	Setup scope (nonfacility setting only)																		
41	CA016	Prepare, set-up and start IV, initial positioning and	2		2		2		2		2		0						2	
42	CA016	Prepare, set-up and start IV, initial positioning and																		
43	CA017	Sedate/apply anesthesia																		
50		Intra-service (of service period)																		
51	CA018	Assist physician or other qualified healthcare			5		0		10		0		6			0			0	
52	CA019	Assist physician or other qualified healthcare					11				10								3	
53	CA020	Assist physician or other qualified healthcare	9																	
54	CA021	Perform procedure/service---NOT directly related to																		
61	CA021	Perform procedure/service---NOT directly related to																		
62		Post-Service (of service period)																		
63	CA022	Monitor patient following procedure/service,	15		3		10		15		10		15						15	
64	CA023	Monitor patient following procedure/service, no																		
65	CA024	Clean room/equipment by clinical staff	3		3		3		3		3		0						3	
66	CA024	Clean room/equipment by clinical staff																		
67	CA025	Clean scope																		
68	CA026	Clean surgical instrument package																		
69	CA027	Complete post-procedure diagnostic forms, lab and x-																		
70	CA028	Review/read post-procedure x-ray, lab and pathology																		
71	CA029	Check dressings, catheters, wounds	2				1		1		1		1						1	
72	CA030	Technologist QC's images in PACS, checking for all																		
73	CA031	Review examination with interpreting MD/DO																		

	A	B	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	64435		64435		64445		64445		64447		64447		64449		64449		64450	
3		***RUC Collaboration Website***	Injection, anesthetic agent; paracervical (uterine) nerve		Injection, anesthetic agent(s) and/or steroid; paracervical (uterine) nerve		Injection, anesthetic agent; sciatic nerve, single		Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single		Injection, anesthetic agent; femoral nerve, single		Injection(s), anesthetic agent(s) and/or steroid;femoral nerve, single		Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter		Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion		Injection, anesthetic agent; other peripheral nerve or branch	
4	Clinical Activity Code	**Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**																		
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**0**	**0**			**0**	**0**			**0**	**0**			**0**	**0**			**0**	**0**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 54.02**	**$ 6.29**	**$ 21.89**	**$ 4.07**	**$ 50.94**	**$ -**	**$ 59.66**	**$ 4.44**	**$ 50.55**	**$ -**	**$ 36.67**	**$ 4.44**	**$ -**	**$ 2.22**	**$ -**	**$ 4.44**	**$ 33.11**	**$ 6.29**
8		**TOTAL CLINICAL STAFF TIME**	**53.0**	**17.0**	**29.0**	**11.0**	**42.0**	**0.0**	**52.0**	**12.0**	**41.0**	**0.0**	**41.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**50.0**	**17.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**8.0**	**14.0**	**0.0**	**8.0**	**0.0**	**0.0**	**3.0**	**9.0**	**0.0**	**0.0**	**3.0**	**9.0**	**0.0**	**0.0**	**0.0**	**9.0**	**8.0**	**14.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**42.0**	**0.0**	**26.0**	**0.0**	**39.0**	**0.0**	**46.0**	**0.0**	**38.0**	**0.0**	**35.0**	**0.0**	**0.0**	**6.0**	**0.0**	**0.0**	**39.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**
74	CA031	Review examination with interpreting MD/DO																		
75	CA032	Scan exam documents into PACS. Complete exam in																		
76	CA032	Scan exam documents into PACS. Complete exam in																		
77	CA033	Perform regulatory mandated quality assurance																		
78	CA034	Document procedure (nonPACS) (e.g. mandated																		
79	CA035	Review home care instructions, coordinate					2		2		2		2						2	
80	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	**6**	**n/a**		**n/a**	
87		**End: Patient leaves office**																		
88		**POST-SERVICE PERIOD**																		
89		**Start: Patient leaves office/facility**																		
90	CA037	Conduct patient communications	3	3	3	3	3		3	3	3		3	3				3	3	3
91	CA038	Coordinate post-procedure services																		
92		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
93		99211 16 minutes																		
94		99212 27 minutes																		
95		99213 36 minutes																		
96		99214 53 minutes																		
97		99215 63 minutes																		
98	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
105		**End: with last office visit before end of global period**																		

	A	B	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	64435		64435		64445		64445		64447		64447		64449		64449		64450	
3		RUC Collaboration Website	Injection, anesthetic agent; paracervical (uterine) nerve		Injection, anesthetic agent(s) and/or steroid; paracervical (uterine) nerve		Injection, anesthetic agent; sciatic nerve, single		Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single		Injection, anesthetic agent; femoral nerve, single		Injection(s), anesthetic agent(s) and/or steroid;femoral nerve, single		Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter		Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion		Injection, anesthetic agent; other peripheral nerve or branch	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,																		
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	0	0			0	0			0	0			0	0			0	0
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 54.02	$ 6.29	$ 21.89	$ 4.07	$ 50.94	$ -	$ 59.66	$ 4.44	$ 50.55	$ -	$ 36.67	$ 4.44	$ -	$ 2.22	$ -	$ 4.44	$ 33.11	$ 6.29
8		TOTAL CLINICAL STAFF TIME	53.0	17.0	29.0	11.0	42.0	0.0	52.0	12.0	41.0	0.0	41.0	12.0	0.0	6.0	0.0	12.0	50.0	17.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	8.0	14.0	0.0	8.0	0.0	0.0	3.0	9.0	0.0	0.0	3.0	9.0	0.0	0.0	0.0	9.0	8.0	14.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	42.0	0.0	26.0	0.0	39.0	0.0	46.0	0.0	38.0	0.0	35.0	0.0	0.0	6.0	0.0	0.0	39.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	3.0	3.0	3.0	3.0	0.0	3.0	3.0	3.0	0.0	3.0	3.0	0.0	0.0	0.0	3.0	3.0	3.0
106	Supply Code	MEDICAL SUPPLIES																		
107		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 34.16	$ -	$ 10.96	$ -	$ 34.67	$ -	$ 39.01	$ -	$ 34.67	$ -	$ 20.34	$ -	$ -	$ -	$ -	$ -	$ 14.23	$ -
108	SA041	pack, basic injection	1				1		1		1		1						1	
109	SA048	pack, minimum multi-specialty visit	1		1				1				1						1	
110	SA051	pack, pelvic exam	1		1															
111	SC040	needle, Kopan	1																	
112	SK075	skin marking pen, sterile (Skin Skribe)							1				1							
113	SH023	chlorhexidine 0.12% (Peridex)							1				1							
114	SC028	needle, 18-26g 1.5-3.5in, spinal																		
115	SC034	needle, blunt tip																		
116	SC057	syringe 5-6ml	1																1	
117	SH021	bupivacaine 0.25% inj (Marcaine)	5		10														5	
118	SB006	drape, non-sterile, sheet 40in x 60in			1															
119	SJ052	swab, procto 16in			2															
120	SJ043	povidone swabsticks (3 pack uou)			1															
121	1	Invoice #1850307197			1															
122	SJ053	swab-pad, alcohol																		
123	SG021	bandage, strip 0.75in x 3in (Bandaid)																		
124	SG056	gauze, sterile 4in x 4in (10 pack uou)							2				2							
125	SH047	lidocaine 1%-2% inj (Xylocaine)							15				5							
126	SD050	electrode needle, injectable (Myoject)					1		1		1									
127	SH022	bupivacaine 0.5% inj (Marcaine)					30		15		30		30							
128	SC038	needle, epidural (RK)																		
129	SC053	syringe 20ml							2				2							
130	SC051	syringe 10-12ml											1							
131	SA088	tray, surgical skin prep, sterile							0				0							
132	SD269	Grounding pad																		
133	SB019	drape-towel, sterile 18in x 26in																		
134	SC029	needle, 18-27g																		
135	SG021	bandage, strip 0.75in x 3in (Bandaid)																		
136	SJ081	swab, patient prep, 1.5 ml (chloraprep)							0				0							
137	SB005	cover-condom, transducer or ultrasound probe																		
138	SJ033	lubricating jelly (Surgilube)																		
139	SM012	disinfectant spray (Transeptic)																		
140	SM021	sanitizing cloth-wipe (patient)																		
141		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*																		

	A	B	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB	BC	BD	BE	BF
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	64435		64435		64445		64445		64447		64447		64449		64449		64450	
3		***RUC Collaboration Website***	Injection, anesthetic agent; paracervical (uterine) nerve		Injection, anesthetic agent(s) and/or steroid; paracervical (uterine) nerve		Injection, anesthetic agent; sciatic nerve, single		Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, single		Injection, anesthetic agent; femoral nerve, single		Injection(s), anesthetic agent(s) and/or steroid;femoral nerve, single		Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter		Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion		Injection, anesthetic agent; other peripheral nerve or branch	
4	Clinical Activity Code	**Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**																		
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**0**	**0**			**0**	**0**			**0**	**0**			**0**	**0**			**0**	**0**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 54.02**	**$ 6.29**	**$ 21.89**	**$ 4.07**	**$ 50.94**	**$ -**	**$ 59.66**	**$ 4.44**	**$ 50.55**	**$ -**	**$ 36.67**	**$ 4.44**	**$ -**	**$ 2.22**	**$ -**	**$ 4.44**	**$ 33.11**	**$ 6.29**
8		**TOTAL CLINICAL STAFF TIME**	**53.0**	**17.0**	**29.0**	**11.0**	**42.0**	**0.0**	**52.0**	**12.0**	**41.0**	**0.0**	**41.0**	**12.0**	**0.0**	**6.0**	**0.0**	**12.0**	**50.0**	**17.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**8.0**	**14.0**	**0.0**	**8.0**	**0.0**	**0.0**	**3.0**	**9.0**	**0.0**	**0.0**	**3.0**	**9.0**	**0.0**	**0.0**	**0.0**	**9.0**	**8.0**	**14.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**42.0**	**0.0**	**26.0**	**0.0**	**39.0**	**0.0**	**46.0**	**0.0**	**38.0**	**0.0**	**35.0**	**0.0**	**0.0**	**6.0**	**0.0**	**0.0**	**39.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**3.0**	**3.0**	**0.0**	**3.0**	**3.0**	**0.0**	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**
143	Equipment Code	**EQUIPMENT**																		
144		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.26**	**$ -**	**$ 0.20**	**$ -**	**$ 0.73**	**$ -**	**$ 1.42**	**$ -**	**$ 0.71**	**$ -**	**$ 1.16**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.38**	**$ -**
145	EF023	table, exam	87		23		39		29		38		18						79	
146	EQ168	light, exam			23															
147	EF027	table, instrument, mobile			23															
148	EQ211	pulse oximeter w-printer																		
149	EF008	chair with headrest, exam, reclining																		
150	EQ184	nerve stimulator (eg, for nerve block)					39		29		38		**0**						79	
151	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)					39		**89**		38		**78**							
152	EF018	stretcher																		
153	EF015	mayo stand							29				18							
154	ED050	Technologist PACS workstation																		
155	ED053	Professional PACS Workstation																		
156	EQ250	ultrasound unit, portable																		
157																				
158		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																		

	A	B	BG	BH	BI	BJ
1	RUC Practice Expense Spreadsheet		RECOMMENDED		REFERENCE	
2	REVISED	*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	64450		76942	
3		RUC Collaboration Website	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging	
4	Clinical Activity Code	Meeting Date: October 2018 Tab: 9 Somatic Nerve Injection Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,				
5		LOCATION	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 35.39	$ 4.44	$ 20.19	$ -
8		TOTAL CLINICAL STAFF TIME	47.0	12.0	26.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	3.0	9.0	2.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	41.0	0.0	24.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	3.0	3.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 17.39	$ 4.44	$ 13.26	$ -
13		PRE-SERVICE PERIOD				
14		Start: Following visit when decision for surgery or pr				
15	CA001	Complete pre-service diagnostic and referral forms		0		
16	CA002	Coordinate pre-surgery services (including test results)		3		
17	CA003	Schedule space and equipment in facility		3		
18	CA004	Provide pre-service education/obtain consent	0	0		
19	CA005	Complete pre-procedure phone calls and prescription	3	3		
20	CA006	Confirm availability of prior images/studies			2	
21	CA007	Review patient clinical extant information and				
22	CA008	Perform regulatory mandated quality assurance				
29		End: When patient enters office/facility for surgery/pr				
30		SERVICE PERIOD				
31		Start: When patient enters office/facility for surgery/p				
32		Pre-Service (of service period)				
33	CA009	Greet patient, provide gowning, ensure appropriate	3			
34	CA010	Obtain vital signs	5			
35	CA011	Provide education/obtain consent	3			
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies	2			
38	CA013	Prepare room, equipment and supplies			2	
39	CA014	Confirm order, protocol exam				
40	CA015	Setup scope (nonfacility setting only)				
41	CA016	Prepare, set-up and start IV, initial positioning and	2			
42	CA016	Prepare, set-up and start IV, initial positioning and			2	
43	CA017	Sedate/apply anesthesia				
50		Intra-service (of service period)				
51	CA018	Assist physician or other qualified healthcare	5			
52	CA019	Assist physician or other qualified healthcare				
53	CA020	Assist physician or other qualified healthcare				
54	CA021	Perform procedure/service---NOT directly related to				
61	CA021	Perform procedure/service---NOT directly related to			15	
62		Post-Service (of service period)				
63	CA022	Monitor patient following procedure/service,	15			
64	CA023	Monitor patient following procedure/service, no				
65	CA024	Clean room/equipment by clinical staff	3			
66	CA024	Clean room/equipment by clinical staff			2	
67	CA025	Clean scope				
68	CA026	Clean surgical instrument package				
69	CA027	Complete post-procedure diagnostic forms, lab and x-				
70	CA028	Review/read post-procedure x-ray, lab and pathology				
71	CA029	Check dressings, catheters, wounds	1			
72	CA030	Technologist QC's images in PACS, checking for all				
73	CA031	Review examination with interpreting MD/DO				

	A	B	BG	BH	BI	BJ
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**REFERENCE**	
2	**REVISED**	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**64450**		**76942**	
3		***RUC Collaboration Website***	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging	
4	**Clinical Activity Code**	**Meeting Date: October 2018** **Tab: 9 Somatic Nerve Injection** **Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 35.39**	**$ 4.44**	**$ 20.19**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**47.0**	**12.0**	**26.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**9.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**41.0**	**0.0**	**24.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**0.0**	**0.0**
74	CA031	Review examination with interpreting MD/DO			2	
75	CA032	Scan exam documents into PACS. Complete exam in				
76	CA032	Scan exam documents into PACS. Complete exam in			1	
77	CA033	Perform regulatory mandated quality assurance				
78	CA034	Document procedure (nonPACS) (e.g. mandated				
79	CA035	Review home care instructions, coordinate	2			
80	CA036	Discharge day management	**n/a**			
87		**End: Patient leaves office**				
88		**POST-SERVICE PERIOD**				
89		**Start: Patient leaves office/facility**				
90	CA037	Conduct patient communications	3	3		
91	CA038	Coordinate post-procedure services				
92		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**
93		99211 16 minutes				
94		99212 27 minutes				
95		99213 36 minutes				
96		99214 53 minutes				
97		99215 63 minutes				
98	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**
105		**End: with last office visit before end of global period**				

	A	B	BG	BH	BI	BJ
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**REFERENCE**	
2	**REVISED**	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**64450**		**76942**	
3		***RUC Collaboration Website***	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging	
4	**Clinical Activity Code**	**Meeting Date: October 2018** **Tab: 9 Somatic Nerve Injection** **Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 35.39**	**$ 4.44**	**$ 20.19**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**47.0**	**12.0**	**26.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**9.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**41.0**	**0.0**	**24.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**0.0**	**0.0**
106	**Supply Code**	**MEDICAL SUPPLIES**				
107		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 16.72**	**$ -**	**$ 2.71**	**$ -**
108	SA041	pack, basic injection	1			
109	SA048	pack, minimum multi-specialty visit	1			
110	SA051	pack, pelvic exam				
111	SC040	needle, Kopan				
112	SK075	skin marking pen, sterile (Skin Skribe)	1			
113	SH023	chlorhexidine 0.12% (Peridex)	1			
114	SC028	needle, 18-26g 1.5-3.5in, spinal				
115	SC034	needle, blunt tip				
116	SC057	syringe 5-6ml				
117	SH021	bupivacaine 0.25% inj (Marcaine)				
118	SB006	drape, non-sterile, sheet 40in x 60in				
119	SJ052	swab, procto 16in				
120	SJ043	povidone swabsticks (3 pack uou)				
121	1	Invoice #1850307197				
122	SJ053	swab-pad, alcohol				
123	SG021	bandage, strip 0.75in x 3in (Bandaid)				
124	SG056	gauze, sterile 4in x 4in (10 pack uou)	**2**			
125	SH047	lidocaine 1%-2% inj (Xylocaine)	5			
126	SD050	electrode needle, injectable (Myoject)				
127	SH022	bupivacaine 0.5% inj (Marcaine)	5			
128	SC038	needle, epidural (RK)				
129	SC053	syringe 20ml				
130	SC051	syringe 10-12ml	1			
131	SA088	tray, surgical skin prep, sterile	**0**			
132	SD269	Grounding pad				
133	SB019	drape-towel, sterile 18in x 26in				
134	SC029	needle, 18-27g				
135	SG021	bandage, strip 0.75in x 3in (Bandaid)				
136	SJ081	swab, patient prep, 1.5 ml (chloraprep)	**0**			
137	SB005	cover-condom, transducer or ultrasound probe			1	
138	SJ033	lubricating jelly (Surgilube)			4	
139	SM012	disinfectant spray (Transeptic)			10	
140	SM021	sanitizing cloth-wipe (patient)			2	
141		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*				

	A	B	BG	BH	BI	BJ
1	RUC Practice Expense Spreadsheet		RECOMMENDED		REFERENCE	
2	REVISED	***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	64450		76942	
3		***RUC Collaboration Website***	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging	
4	Clinical Activity Code	**Meeting Date: October 2018** **Tab: 9 Somatic Nerve Injection** **Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Neurology,**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 35.39**	**$ 4.44**	**$ 20.19**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**47.0**	**12.0**	**26.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3.0**	**9.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**41.0**	**0.0**	**24.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3.0**	**3.0**	**0.0**	**0.0**
143	**Equipment Code**	**EQUIPMENT**				
144		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 1.27**	**$ -**	**$ 4.22**	**$ -**
145	EF023	table, exam	24			
146	EQ168	light, exam				
147	EF027	table, instrument, mobile				
148	EQ211	pulse oximeter w-printer				
149	EF008	chair with headrest, exam, reclining				
150	EQ184	nerve stimulator (eg, for nerve block)				
151	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	**84**			
152	EF018	stretcher				
153	EF015	mayo stand	24			
154	ED050	Technologist PACS workstation			15	
155	ED053	Professional PACS Workstation			19	
156	EQ250	ultrasound unit, portable			24	
157						
158		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*				

AMA/Specialty Society RVS Update Committee Summary of Recommendations

October 2018

Genicular Injection and RFA

In May 2018 the CPT Editorial Panel approved the addition of two codes to report injection of anesthetic and destruction of genicular nerves by neurolytic agent.

In October 2018, the RUC facilitated this tab and thoroughly discussed the issues surrounding the survey of this family of services. The specialties noted their concern that many survey respondents appeared to be confused about the number of nerve branch injections involved with these three codes. The RUC supports the specialty societies' request for CPT codes 64454, 64640, and 64624 to be resurveyed and presented at the January 2019 RUC meeting. **The RUC recommends resurveying these services for January 2019.**

Practice Expense:
The RUC also discussed the practice expense and noted that the change in intra-service time for codes 64450 would need to also be made to the clinical labor time.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Nervous System **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic** *(For destruction by neurolytic agent or chemodenervation, see 62280-62282, 64600-64681)* *(For epidural or subarachnoid injection, see 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327)* *(64479-64487, 64490-64495 are unilateral procedures. For bilateral procedures, use modifier 50)* **Somatic Nerves**				
64400		*Injection, anesthetic agent; trigeminal nerve, any division or branch*		

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

(f)64450	G1	Injection, anesthetic agent; other peripheral nerve or branch	000	0.75 (See Tab 9 October 2018)
●64454	G2	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed (Do not report 64454 in conjunction with 64624) (64454 requires injecting all of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If all three of these genicular nerve branches are not injected, report 64454 with modifier 52)	000	Resurvey for January 2019
Destruction by Neurolytic Agent (eg, Chemical, Thermal, Electrical or Radiofrequency), Chemodenervation *Codes 64600-64681 include the injection of other therapeutic agents (eg, corticosteroids). Do not report diagnostic/therapeutic injections separately. Do not report a code labeled as destruction when using therapies that are not destructive of the target nerve (eg, pulsed radiofrequency), use 64999. For codes labeled as chemodenervation, the supply of the chemodenervation agent is reported separately.* *(For chemodenervation of internal anal sphincter, use 46505)* *(For chemodenervation of the bladder, use 52287)* *(For chemodenervation for strabismus involving the extraocular muscles, use 67345)* *(For chemodenervation guided by needle electromyography or muscle electrical stimulation, see 95873, 95874)* **Somatic Nerves** *64600 Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch*				
(f)64640	G3	Destruction by neurolytic agent; other peripheral nerve or branch	010	Resurvey for January 2019
●64624	G4	Destruction by neurolytic agent genicular nerve branches including imaging guidance, when performed (64624 requires the destruction of each of the following genicular nerve branches: superolateral, superomedial, and inferomedial. If a neurolytic agent for the purposes of destruction is not applied to all of these nerve branches, report 64624 with modifier 52) (Do not report 64624 in conjunction with 64454)	010	Resurvey for January 2019

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

COMPELLING EVIDENCE

Tab 10 (Genicular Injection and RFA), October 2018 RUC

64454**,** Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed

Currently, clinicians are reported services described by code 64454 with code 64450 *(Injection, anesthetic agent; other peripheral nerve or branch*). Code 64450 was surveyed for this meeting as part of Tab 9. It was previously surveyed back in 2011. The American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), and the Spine Intervention Society (SIS) are submitting compelling evidence for code 64454.

Change in physician work due to change in patient population

There is a change in physician work due to a change in the typical patient. When 64450 was surveyed in 2011, the typical patient had chronic burning pain and a tingling sensation in the plantar aspect of their right foot.

- 64450 Vignette: A 52-year-old female complains of chronic burning pain and a tingling sensation in the plantar aspect of her right foot. Clinical examination is consistent with tarsal tunnel syndrome. The decision is made to perform a therapeutic injection about the posterior tibial nerve utilizing local anesthetic and anti-inflammatory agent.[1]

In contrast, the typical patient for 64454 is experiencing persistent right knee pain.

- 64454 Vignette: A 78-year-old female has a 5-year history of persistent right knee pain that is interfering with her ability to complete activities of daily living. She has had poor control of her pain despite multiple medication trials and physical therapy. Due to her persistent, debilitating pain, a trial of genicular nerve blocks is scheduled to relieve her pain and improve her function.[2]

Code 64454 was created because existing nerve block procedure codes are not specific to the genicular nerve block procedures that have recently emerged as a novel alternative treatment for chronic knee pain. Superomedial, inferomedial, and superolateral genicular nerve branches have been targeted for RF neurotomy in previous studies.[3,4] These nerves have been selected for 2 reasons. First, the genicular nerves are the main innervating articular branches for the knee joint, and second, as these nerves are adjacent to the periosteum connecting the bone, they can be located using bony landmarks under fluoroscopic imaging. Needle placement has been successfully applied under fluoroscopic guidance with reference to bony landmarks.[1,2] These blocks can be performed under ultrasound guidance as well.[5]

Change in physician work due to change in technique

There is a change in physician work due to a change in technique. The work description for code 64450 describes a single injection. Code 64454, involves blocks for 3 different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee. Additionally, code 64450, does not include imaging guidance when utilized.

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[1] RUC Database, 2018v2

[2] 2018 RUC survey for code 64454

[3] Choi WJ, Hwang SJ, Song JG, Leem JG, Kang YU, Park PH, Shin JW. Radiofrequency treatment relieves chronic knee osteoarthritis pain: A double-blind randomized controlled trial. Pain 2011; 152:481-487.

[4] Protzman NM, Gyi J, Malhotra AD, Kooch JE. Examining the feasibility of radiofrequency treatment for chronic knee pain after total knee arthroplasty. PM&R 2014; 6:373-376.

[5] Evren Yasar, MD , Serdar Kesikburun, MD , Cenk Kılıç, MD , Ümüt Güzelküçük, MD , Fatih Yazar, MD , and Arif Kenan Tan, MD, Accuracy of Ultrasound-Guided Genicular Nerve Block: A Cadaveric Study Pain Physician 2015; 18:E899-E904 • ISSN 2150-1149

Specialties surveyed
All of the specialties that currently perform the 64454, were not included in the survey for 64450. The specialties that surveyed the code in 2011 included podiatry, anesthesia, pain management and interventional pain management. For the new code 64454, the specialty of podiatry does not perform the service and their inclusion would not be appropriate. Additionally, physical medicine and rehabilitation was not included in the 2011 survey. They are included in the 2018 survey.

64624 Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)
Currently, clinicians are reported services described by code 64624 with code 64640 Destruction by neurolytic agent; other peripheral nerve or branch). Code 64640 is currently being surveyed for this meeting as part of this tab (10). It was previously surveyed back in 2011. The American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), and the Spine Intervention Society (SIS) are submitting compelling evidence for code 64624.

Change in physician work due to change in patient population
There is a change in physician work due to a change in the typical patient. When 64640 was surveyed in 2011, the typical patient had a history of neuritis of the medial calcaneal nerve.

- 64640 Vignette: A 50-year-old female has a history of neuritis of the medial calcaneal nerve. Her symptoms, including paresthesia on per-cussion and ambulation, have failed to improve following administration of multiple conservative treatment modalities. The decision is made to perform a percutaneous alcohol nerve sclerosing (PANS) injection.[6]

In contrast, the typical patient for 64624 is experiencing persistent right knee pain.

- 64624 Vignette: A 78-year-old female has a 5-year history of persistent right knee pain that is interfering with her ability to complete activities of daily living. She has had poor control of her pain despite multiple medication trials and physical therapy. Due to her persistent, debilitating pain, a trial of genicular nerve blocks was conducted and found to temporarily relieve her pain and improve her function. She is now scheduled for genicular nerve radiofrequency lesioning to provide longer term sustained pain relief.

Similar to the rationale for the creation of 64454, existing codes are not specific to the genicular RFA procedure where the genicular nerve branches are targeted for radiofrequency ablation. This service is performed on a subset of patients who experienced temporary relief from pain from a previous genicular nerve block procedure.

Change in physician work due to change in technique
There is a change in physician work. The work description for code 64640 describes a single injection. Code 64624, involves ablation for 3 different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee.

Specialties surveyed
All of the specialties that currently perform the 64624, were not included in the survey for 64640. The specialties that surveyed the code in 2011 included podiatry, anesthesia, pain management and interventional pain management. For the new code 64454, the specialty of podiatry does not perform the service and their inclusion would not be appropriate. Additionally, physical medicine and rehabilitation was not included in the 2011 survey. They are included in the 2018 survey.

64640, Destruction by neurolytic agent; other peripheral nerve or branch
Code 64640 was previously surveyed back in 2011. The American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), and the Spine Intervention Society (SIS) are submitting compelling evidence for code 64640.

[6] RUC Database 2018v2

Change in physician work due to change in patient population
There is a change in physician work due to a change in the typical patient. When 64640 was surveyed in 2011, the typical patient had a history of neuritis of the medial calcaneal nerve.

- 64640 Vignette: A 50-year-old female has a history of neuritis of the medial calcaneal nerve. Her symptoms, including paresthesia on percussion and ambulation, have failed to improve following administration of multiple conservative treatment modalities. The decision is made to perform a percutaneous alcohol nerve sclerosing (PANS) injection.[7]

As the RUC database indicates, the current top diagnosis codes for code 64640 are not related to the calcaneal nerve. The top 5 diagnosis codes from the 2018v2 RUC database for code 64640 are:

M46	Other inflammatory spondylopathies	17.11%
G57	Mononeuropathies of lower limb	15.17%
M25	Other joint disorder, not elsewhere classified	12.42%
M47	Spondylosis	11.91%
M53	Other and unspecified dorsopathies, not elsewhere classified	11.86%

Specialties surveyed
All of the specialties that currently perform the 64624, were not included in the survey for 64640. The specialties that surveyed the code in 2011 included podiatry, anesthesia, pain management and interventional pain management. For the new code 64454, the specialty of podiatry does not perform the service and their inclusion would not be appropriate. Additionally, physical medicine and rehabilitation was not included in the 2011 survey. They are included in the 2018 survey.

[7] RUC Database 2018v2

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64454 Tracking Number Original Specialty Recommended RVU: **2.50**
Presented Recommended RVU: **1.90**
Global Period: 000 Current Work RVU: RUC Recommended RVU:

CPT Descriptor: Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old female has a 5-year history of persistent right knee pain that is interfering with her ability to complete activities of daily living. She has had poor control of her pain despite multiple medication trials and physical therapy. Due to her persistent, debilitating pain, a trial of genicular nerve blocks is scheduled to relieve her pain and improve her function.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The proposed site of the procedure is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injection is prepared. The skin is cleansed with an antiseptic solution, sterile drapes are applied. The universal protocol ("time out") is performed with the care team.

Description of Intra-Service Work: The appropriate skin and bony landmarks are identified. The procedure is performed under fluoroscopic guidance. The superolateral, superomedial and inferomedial genicular nerves are targeted adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur at the junctions of the shaft and the epicondyle. The skin around the planned entry point is injected with local anesthetic. Under imaging guidance, the target areas are approached by introducing a spinal needle from either an anteroposterior or lateral entry point with the final position residing adjacent to the bone. After negative aspiration, local anesthetic is deposited at each of the sites. The needle and stylet are removed, and the sites are covered with a sterile occlusive dressing.

Description of Post-Service Work: The patient is observed for bleeding or any adverse effects and for evidence of successful block. A procedure note is dictated/written and medical record entries are made.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2018					
Presenter(s):	Neal Cohen, MD (ASA); Eduardo Fraifeld, MD (AAPM); Matthew Grierson, MD (AAPM&R); Wesley Ibazebo, MD (SIS); Marc Leib, MD (ASA); Gregory Polston, MD (AAPM); Richard Rosenquist, MD (ASA);					
Specialty Society(ies):	American Academy of Pain Medicine; American Academy of Physical Medicine and Rehabilitation; American Society of Anesthesiologists; Spine Intervention Society (SIS)					
CPT Code:	64454					
Sample Size:	3256	**Resp N:**	76	**Response:** 2.3 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	6.00	**20.00**	32.50	500.00	
Survey RVW:	0.50	1.40	**1.60**	2.00	6.00	
Pre-Service Evaluation Time:			**24.00**			
Pre-Service Positioning Time:			**5.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	0.00	10.00	**15.00**	20.00	60.00	
Immediate Post Service-Time:	**9.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	64454	**Recommended Physician Work RVU: 1.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**0.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64493	000	1.52	**RUC Time**

CPT Descriptor Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64483	000	1.90	**RUC Time**

CPT Descriptor Injection(s), anesthetic agent andor steroid, transforaminal epidural, with imaging guidance (fluroscopy or CT); lumbar or sacral, single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64479	000	2.29	**RUC Time**	45,820

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,111

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
50430	000	2.90	**RUC Time**

CPT Descriptor Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 40 **% of respondents:** 52.6 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 13.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 64454	Top Key Reference CPT Code: 64493	2nd Key Reference CPT Code: **64483**
Median Pre-Service Time	9.00	17.00	24.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**34.00**	**42.00**	**49.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	70%	23%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	73%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	15%	63%	23%
Physical effort required	3%	61%	37%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	75%	13%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	50%	30%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	40%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	60%	30%
Physical effort required	0%	60%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	50%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendation
Code 64454 (*Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed*) is a new code that describes the performance of genicular nerve blocks with image guidance. This service is performed for pain management of chronic knee osteoarthritis. It was approved at the May 2018 CPT Editorial Panel meeting and surveyed for the October 2018 RUC meeting.

Code 64454 was surveyed by the American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), and the Spine Intervention Society (SIS). A total of 76 responses were received from a random sample of 3,256 clinicians (2.3 percent response rate).

The societies convened an Expert Panel to review the survey data. Based on review of the survey results, the societies agree that there may have been some confusion by survey respondents that the new code described the performance of three injections. The societies are recommending and interim value and requesting to resurvey the code for the January 2018 RUC meeting. It was also noted that this code was being reconsidered at the September 2018 CPT meeting, so the code descriptor may be updated.

The societies are recommending an interim value of 1.90 wRVUs with time of pre (7/1/1), intra (15 min) and post (10 min). This results in an IWPUT of 0.099.

Vignette
97% of the survey respondents found the vignette to be typical.

Survey Data: wRVU and Time
The Expert Panel reviewed the survey data.

64454 Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.40	1.60	2.00
Pre		24/5/5	
Intra	10	15	20
Post		9	

After review of the reviewer comments of the societies original recommended wRVU of 2.50 and time inputs, the Expert Panel agreed to recommend the following revised work RVU and time recommendations as interim and to resurvey for the January 2019 RUC meeting:

The expert panel is recommending:
- wRVU of 1.90
- Non-facility pre-service package #5, 1 minute was added for positioning (7/1/1)
- Median survey time of 15 minutes for intra-time
- 10 minutes for post-time

Subsequent to the initial recommendations, reviewer comments were unanimous in recommending 64454 along with 64624 and 64640 be valued as interim and resurveyed for the January 2019 RUC meeting. The societies agree and recommend the wRVU and times as interim and will resurvey for the January 2019 RUC meeting.

The Expert Panel discussed how in general the treatment for pain conditions has become more complex as the opioid crisis has escalated, and treatment and coverage for other non-pharmacologic and non-interventional

strategies has been limited. With worsening pain, this impacts mobility, and in general has led to a more sedentary population with increase in co-morbidities of diabetes, hypertension and obesity. These findings, particularly the increase in BMI, have led to increases in the technical skill and judgment necessary to perform the procedure as well as the associated psychological stress to reduce risk of complications, such as pneumothorax or intravascular complication.

The Expert Panel concluded that the survey RVWs were too low and did not appropriately account for the work of the 64454. Although the survey respondents indicated that they thought the vignette was for a typical patient, the Expert Panel believed the survey respondents did not understand the new code. Currently, since there is no code that specifically describes genicular nerve blocks, clinicians are reporting code 64450 which is a non-specific code used to report nerve block procedures to any peripheral nerve or branch. Code 64450 describes a single injection while an effective and complete genicular nerve block requires multiple injections. Additionally, code 64450, does not include imaging guidance and 64454 does.

Code 64454 involves blocks for 3 different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee. It includes image guidance, when performed. The Expert Panel believes the survey respondents did not take the multiple nerve blocks and imaging into consideration when completing the survey. The Expert Panel therefore recommends that code 64454 be resurveyed.

Crosswalk

As an interim value, the societies recommend a crosswalk to RUC reviewed 2015 CPT code *62327 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)* with wRVU 1.90, with times 20/15/10 with resultant IWPUT 0.10. This crosswalk is appropriate because it includes imaging and the same intra-service time as the survey.

Second Key Reference Code

The Expert Panel also noted that this recommendation also aligned well with the second key reference code, *64483 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level* with wRVU 1.90, with times 24/15/10 with resultant IWPUT of 0.0816.

In conclusion, the societies are recommending for code 64454 an interim value of 1.90 wRVUs with time of pre (7/1/1), intra (15 min) and post (10 min).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.

☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Code 64450

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Pain Management How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 87616
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on relative volume of Medicare utilization

Specialty Anesthesiology Frequency 29000 Percentage 33.09 %

Specialty Pain Management Frequency 16000 Percentage 18.26 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,046 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization

Specialty Anesthesiology Frequency 12228 Percentage 34.89 %

Specialty Pain Management Frequency 10556 Percentage 30.12 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64450

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64624 Tracking Number Original Specialty Recommended RVU: **3.50**
Presented Recommended RVU: **2.33**
Global Period: 010 Current Work RVU: RUC Recommended RVU:

CPT Descriptor: Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old female has a 5-year history of persistent right knee pain that is interfering with her ability to complete activities of daily living. She has had poor control of her pain despite multiple medication trials and physical therapy. Due to her persistent, debilitating pain, a trial of genicular nerve blocks was conducted and found to temporarily relieve her pain and improve her function. She is now scheduled for genicular nerve radiofrequency lesioning to provide longer term sustained pain relief.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 32% , In the ASC 34%, In the office 34%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The proposed site of the procedure is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injection is prepared. The skin is cleansed with an antiseptic solution, sterile drapes are applied. The universal protocol ("time out") is performed with the care team.

Description of Intra-Service Work: The appropriate skin and bony landmarks are identified. The procedure is performed under fluoroscopic guidance. The superolateral, superomedial and inferomedial genicular nerves are targeted adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur at the junctions of the shaft and the epicondyle. The skin around the planned entry point is injected with local anesthetic. Following local anesthetic infiltration and under imaging guidance, a radiofrequency cannula is guided from either an anteroposterior or lateral entry point with the final position residing adjacent to the bone. Motor stimulation is also performed to ensure the absence of adjacent motor fibers. After positive confirmation of sensory placement and negative motor testing, local anesthetic is administered adjacent to the nerve to mitigate pain associated with radiofrequency lesioning. Radiofrequency ablation is performed. The target tissue should reach 80 degrees for 90 seconds. The needle and stylet are removed, and the sites are covered with a sterile occlusive dressing.

Description of Post-Service Work: The patient is observed for bleeding or any adverse effects and for evidence of successful block. A procedure note is dictated/written and medical record entries are made. The patient is discharged after a period of monitoring and when there is independent ambulation. At the follow-up office visit, the patient is examined and treatment success or adverse reactions that may have occurred after the procedure are discussed. Revise the treatment plan(s) as necessary. Dictate notes for the patient’s medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2018					
Presenter(s):	Neal Cohen, MD (ASA); Eduardo Fraifeld, MD (AAPM); Matthew Grierson, MD (AAPM&R); Wesley Ibazebo, MD (SIS); Marc Leib, MD (ASA); Gregory Polston, MD (AAPM); Richard Rosenquist, MD (ASA);					
Specialty Society(ies):	American Academy of Pain Medicine; American Academy of Physical Medicine and Rehabilitation; American Society of Anesthesiologists; Spine Intervention Society (SIS)					
CPT Code:	64624					
Sample Size:	3256	**Resp N:**	71	**Response:** 2.1 %		
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**10.00**	25.00	400.00	
Survey RVW:	1.00	2.10	**3.50**	3.90	15.36	
Pre-Service Evaluation Time:			**25.00**			
Pre-Service Positioning Time:			**6.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	0.00	15.00	**20.00**	30.00	80.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	64624	**Recommended Physician Work RVU:**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**0.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**-0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64633	010	3.84	**RUC Time**

CPT Descriptor Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64615	010	1.85	**RUC Time**

CPT Descriptor Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11623	010	3.11	**RUC Time**	26,418

CPT Descriptor 1 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64635	010	3.78	**RUC Time**	314,114

CPT Descriptor 2 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint

Other Reference CPT Code	Global	Work RVU	Time Source
46505	010	3.18	**RUC Time**

CPT Descriptor Chemodenervation of internal anal sphincter

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 49 **% of respondents:** 69.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 7.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 64624	**Top Key Reference CPT Code:** 64633	**2nd Key Reference CPT Code:** **64615**
Median Pre-Service Time	9.00	29.00	15.00
Median Intra-Service Time	20.00	30.00	15.00
Median Immediate Post-service Time	10.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	19.00	0.00
Median Office Visit Time	16.0	23.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**116.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	8%	56%	25%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	61%	29%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	65%	27%

Physical effort required	0%	56%	43%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	16%	63%	20%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	60%	40%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	20%	60%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	80%	20%
Physical effort required	0%	60%	40%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	80%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendation

Code 644X1 (*Destruction by neurolytic agent genicular nerve branches (includes image guidance, when performed*) is a new code that describes destruction of 3 different nerve branches (superomedial, inferomedial, and superolateral genicular nerve branches) at three locations (adjacent to the periosteum on the medial aspect of the tibia, and at both the medial and lateral aspects of the femur) in order to achieve analgesia for the respective knee. The code was approved at the May 2018 CPT Editorial Panel meeting and surveyed for the October 2018 RUC meeting.

The 64624 was surveyed by the American Society of Anesthesiologists (ASA), the American Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), and the Spine Intervention Society (SIS). A total of 71 responses were received from a random sample of 3,256 clinicians (2.1 percent response rate).

The societies convened an Expert Panel to review the survey data. Based on review of the survey results, the societies agree that there may have been some confusion by survey respondents that the new code described the performance of three injections. The societies are recommending and interim value and requesting to resurvey the code for the January 2018 RUC meeting. It was also noted that this code was being reconsidered at the September 2018 CPT meeting, so the code descriptor may be updated.

The societies convened an Expert Panel to review the survey data. Based on review of the survey results, the societies agree that the survey respondents did not properly understand the code being surveyed. ***The societies are recommending an interim crosswalk value of 2.33 wRVUs with time of pre (7/1/1), intra (20 min) and post (10 min) and 1- 99212 office visit***. This results in an IWPUT of 0.072.

Vignette

99% of the survey respondents found the vignette to be typical.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data.

64624 Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	2.10	3.5	3.90
Pre		26/5/5	
Intra	15	20	30
Post		9	

After review of the reviewer comments of the societies original recommended wRVU of 3.50 and time inputs, the Expert Panel agreed to recommend the following revised work RVU and time recommendations as interim and to resurvey for the January 2019 RUC meeting:

The expert panel is recommending:

- wRVU of 2.33
- Non-facility pre-service package #5, 1 minute was added for positioning (7/1/1)
- Median survey time of 20 minutes for intra-time
- 10 minutes for post-time
- 1-99212 office visit

The Expert Panel discussed how in general the treatment for pain conditions has become more complex as the opioid crisis has escalated, and treatment and coverage for other non-pharmacologic and non-interventional

strategies has been limited. With worsening pain, this impacts mobility, and in general has led to a more sedentary population with increase in co-morbidities of diabetes, hypertension and obesity. These findings, particularly the increase in BMI, have led to increases in the technical skill and judgment necessary to perform the procedure as well as the associated psychological stress to reduce risk of complications, such as pneumothorax or intravascular complication.

Similar to the survey response for 64454, the Expert Panel was concerned that the survey respondents did not understand the new code and how it differed from the code currently used to report the service, 64640 (*Destruction by neurolytic agent; other peripheral nerve or branch*. Code 64640 describes destruction of a single nerve and does not include image guidance. In contrast the new code describes the destruction of three different nerve branches and includes image guidance when performed. The Expert Panel agreed that it would be most appropriate to resurvey the code, clarifying the number of nerves and the inclusion of imaging guidance.

Crosswalk

The Expert Panel considered an appropriate interim value for 64624. While the 25th percentile survey value (2.1 wRVU) was determined to be too low, the median value (3.5 wRVU) based on reviewer feedback, was not justifiable at this time. The Expert Panel recommends an interim value based a crosswalk with a wRVU between the 25th percentile and median values. As an interim value, the societies recommend a crosswalk to RUC reviewed 2010 CPT code ***12051*** *Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* with RVU 2.33, with times 14/20/8 and one 99212 visit, with resultant IWPUT 0.0714.

Comparison to Other Codes

The Expert Panel compared the recommendation for 64624 to other codes and identified other 10-day global codes with similar intra-time.

CPT Code	Long Desc	Work RVU	Intra Time	IWPUT	2017 Utilization
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	2.08	20	0.0576	5324
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	2.09	25	0.053	90800
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	2.09	15	0.0748	48690
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	2.1	21	0.0571	20108
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	2.1	26	0.0513	14952
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	2.1	20	0.0261	243

CPT Code	Long Desc	Work RVU	Intra Time	IWPUT	2017 Utilization
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	2.17	20	0.0376	37,517
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	2.27	25	0.0341	22,0175
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	2.28	13	0.0522	93,823
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	2.33	20	0.0714	57,255
64624	**Destruction by neurolytic agent genicular nerve branches (includes image guidance, when performed**	**2.33**	**20**	**0.072**	**13,0645**
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	2.36	15	0.0479	76,203
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	2.37	20	0.0575	6,060
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	2.41	25	0.0397	59,479

In conclusion, the societies are recommending an interim crosswalk value of 2.33 wRVUs with time of pre (7/1/1), intra (20 min) and post (10 min) and 1- 99212 office visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64640

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Interventional Pain How often? Commonly

Specialty Pain Management How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 52569
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on relative volume of Medicare utilizationn

Specialty Anesthesiology Frequency 13842 Percentage 26.33 %

Specialty Interventional Pain Frequency 6834 Percentage 13.00 %

Specialty Pain Management Frequency 6429 Percentage 12.22 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 21,028 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization

Specialty Anesthesiology Frequency 5537 Percentage 26.33 %

Specialty Interventional Pain Frequency 2734 Percentage 13.00 %

Specialty Pain Management Frequency 2572 Percentage 12.23 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 64640

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64640 Tracking Number Original Specialty Recommended RVU: **1.28**
Presented Recommended RVU: **1.22**
Global Period: 010 Current Work RVU: **1.23** RUC Recommended RVU:

CPT Descriptor: Destruction by neurolytic agent; other peripheral nerve or branch

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female has a history of neuritis of the medial calcaneal nerve. Her symptoms, including paresthesia on per-cussion and ambulation, have failed to improve following administration of multiple conservative treatment modalities. The decision is made to perform a percutaneous alcohol nerve sclerosing (PANS) injection.

Percentage of Survey Respondents who found Vignette to be Typical: 62%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 36% , In the ASC 34%, In the office 30%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The clinician obtains and reviews the medical record and any pertinent imaging studies, laboratory studies and medical information. The proposed site of the procedure is identified and marked. The patient is moved to the procedure room. The clinician gowns, gloves and prepares supplies. The injection is prepared. The skin is cleansed with an antiseptic solution, sterile drapes are applied. The universal protocol ("time out") is performed with the care team.

Description of Intra-Service Work: The appropriate skin and bony landmarks are identified. Palpate the medial calcaneal nerve and identify the point of maximal tenderness. Utilize a medial approach and insert the needle. Deposit a portion of the injectable solution. Redirect the needle proximally and deposit a portion of the injectable solution. Again redirect the needle distally and deposit the final portion of the injectable solution. The needle and stylet are removed, and the site is covered with a sterile occlusive dressing.

Description of Post-Service Work: The patient is observed for bleeding or any adverse effects and for evidence of successful block. A procedure note is dictated/written and medical record entries are made. The patient is discharged after a period of monitoring and when there is independent ambulation. At the follow-up office visit, examine the patient and discuss treatment success or adverse reactions that may have occurred after the procedure. Revise the treatment plan(s) as necessary. Dictate notes for the patient’s medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	10/2018				
Presenter(s):	Neal Cohen, MD (ASA); Eduardo Fraifeld, MD (AAPM); Matthew Grierson, MD (AAPM&R); Wesley Ibazebo, MD (SIS); Marc Leib, MD (ASA); Gregory Polston, MD (AAPM); Richard Rosenquist, MD (ASA)				
Specialty Society(ies):	American Academy of Pain Medicine; American Academy of Physical Medicine and Rehabilitation; American Society of Anesthesiologists; Spine Intervention Society (SIS				
CPT Code:	64640				
Sample Size:	3256	**Resp N:**	58	**Response:** 1.7 %	
Description of Sample:	random				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	4.25	**14.50**	30.00	600.00
Survey RVW:	1.00	1.88	**2.35**	3.73	9.00
Pre-Service Evaluation Time:			**24.50**		
Pre-Service Positioning Time:			**6.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	1.00	15.00	**20.00**	29.25	80.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	64640	**Recommended Physician Work RVU: 1.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**0.00**	**1.00**
Pre-Service Scrub, Dress, Wait Time:		**1.00**	**1.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**16.00**	99211x **0.00** 12x **1.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64633	010	3.84	**RUC Time**

CPT Descriptor Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64632	010	1.23	**RUC Time**

CPT Descriptor Destruction by neurolytic agent; plantar common digital nerve

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
10060	010	1.22	**RUC Time**	403,879

CPT Descriptor 1 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
11402	010	1.45	**RUC Time**	113,267

CPT Descriptor 2 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm

Other Reference CPT Code	Global	Work RVU	Time Source
40820	010	1.34	**RUC Time**

CPT Descriptor Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 44.8 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 18.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 64640	**Top Key Reference CPT Code:** 64633	**2nd Key Reference CPT Code:** **64632**
Median Pre-Service Time	9.00	29.00	10.00
Median Intra-Service Time	20.00	30.00	5.00
Median Immediate Post-service Time	10.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	19.00	0.00
Median Office Visit Time	16.0	23.00	16.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**116.00**	**36.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	12%	40%	32%	16%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	54%	27%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	20%	40%	40%

Physical effort required	12%	50%	38%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	19%	46%	35%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	73%	27%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	55%	36%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	9%	45%	45%
Physical effort required	9%	64%	27%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	55%	27%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT code 64640 (*Destruction by neurolytic agent; other peripheral nerve or branch*) is a 10-day global code which was surveyed for the October 2018 RUC meeting by the American Society of Anesthesiologists (ASA), the American

Academy of Pain Medicine (AAPM), the American Academy of Physical Medicine & Rehabilitation (AAPM&R), and the Spine Intervention Society (SIS). It was previously surveyed in 2011.

A total of 58 responses were received from a random sample of 3,256 clinicians (1.7 percent response rate). The societies convened an Expert Panel to review the survey data. ***The societies are recommending as interim values 1.22 wRVUs and time of pre (7/1/1), intra (20 min) and post (10 min) and (1) 99212 office visit***.

Vignette

62% of survey respondents found the patient vignette to be their typical patient.

Survey Data: wRVU and Time

The Expert Panel reviewed the survey data in the table below.

64640 Highlights from Survey Data			
	25th Percentile	**Median**	**75th Percentile**
Work	1.88	2.35	3.73
Pre		24.5/6/5	
Intra	15	20	29.5
Post		10	

After review of the reviewer comments of the societies original recommended wRVU of 1.28 and time inputs, the Expert Panel agreed to recommend the following revised work RVU and time recommendations as interim and to resurvey for the January 2019 RUC meeting:

- wRVU
  - 1.22 wRVUs (crosswalk)
- Time
  - Pre-time: Facility pre-service package #5 adjusted (7/1/1)
  - Intra-time: 20 minutes (survey median)
  - Post-time 10 minutes (survey median)
  - 1-office visit (99212)
  - Total Time: 55 minutes

Subsequent to the initial recommendations, reviewer comments were unanimous in recommending 64640 along with 64454 and 64624 be valued as interim and resurveyed for the January 2019 RUC meeting. The societies agree and recommend the wRVU and times as interim and will resurvey for the January 2019 RUC meeting.

Crosswalk

The Expert Panel agreed to recommend as an interim value-1.22 wRVU. The Expert Panel is basing its recommendation on a crosswalk to code 17261 (Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm) This 10-day global code was reviewed by the RUC in 2010, with wRVU of 1.22, pre-time of 7 minutes, intra time of 17 minutes, immediate post-service time of 5 minutes, one 99212, total time of 47 minutes and an IWPUT of 0.027.

Current Value

The current value of code 64640 is 1.23 wRVU, and had been surveyed in 2011.

The interim recommended wRVU of 1.22 is virtually and effectively identical.

Comparison to Other Codes

The Expert Panel compared the recommendation for 64640 to other codes and identified other 10-day global codes with similar intra-time

CPT Code	Long Descriptor	Global	Work RVU	Intra Time	IWPUT	2017 Utilization
54200	Injection procedure for Peyronie disease;	010	1.11	20	-0.0077	6,495
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	010	1.22	17	0.0268	136,140
64640	Destruction by neurolytic agent; other peripheral nerve or branch	010	1.22	20	0.016	130,645
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	010	1.22	15	0.0303	30,930
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	010	1.23	15	0.0007	1,731
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	010	1.28	20	0.0232	67,925
40804	Removal of embedded foreign body, vestibule of mouth; simple	010	1.3	20	-0.0072	73
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	010	1.34	20	0.006	1,360
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	010	1.45	25	0.0254	113,267
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	010	1.47	20	0.0327	32,010
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	010	1.53	20	0.0357	34,826
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	010	1.53	15	0.0721	104,541

In summary, the societies are recommending an interim value of 1.22 wRVUs and time of pre (7/1/1), intra (20 min) and post (10 min) and (1) 99212 office visit.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Existing code 64640

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Anesthesiology How often? Commonly

Specialty Pain Management How often? Commonly

Specialty Interventional Pain Management How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 328852
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on relative volume of Medicare utilization

Specialty Anesthesiology Frequency 77050 Percentage 23.42 %

Specialty Pain Managemnet Frequency 74485 Percentage 22.65 %

Specialty Interventional Pain Management Frequency 55313 Percentage 16.82 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 109,617 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization

Specialty Anesthesiology Frequency 25683 Percentage 23.42 %

Specialty Pain Management Frequency 24828 Percentage 22.64 %

Specialty Interventional Pain Management Frequency 18438 Percentage 16.82 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 64640

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

SS Rec Summary

INSTRUCTIONS

Insert information and data into all applicable cells except IWPUT and TOTAL TIME. These cells will automatically calculate.

Hide columns and rows that do not contain data.

1st REF = Top Key Reference code data

2st REF = Second Highest Key Reference code data

CURRENT = Current data (Harvard or RUC) for code being surveyed. If this is a new code, this row will be blank.

SVY = Survey data - as it appears on the Summary of Recommendation form.

REC = Specialty Society recommended data as it appears on the Summary of Recommendation form.

ISSUE: Genicular Injection and RFA (as revised 10/6/18)

TAB: 10

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
1st REF	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	40	0.066			1.52			42	7	5	5			15			10																								
2nd REF	64483	Injection(s), anesthetic agent andor steroid, transforaminal epidural, with imaging guidance (fluroscopy or CT); lumbar or sacral, single	10	0.082			1.90			49	13	5	6			15			10																								
CURRENT	64454			#DIV/0!						0																																		
SVY	64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed	76	0.047	0.50	1.40	1.60	2.00	6.00	58	24	5	5	0	10	15	20	60	9																					0	6	20	33	500
INTERIM REC	64454	25TH PERCENTILE WORK RVU		0.067			1.40			33	7	1	1			15			9																								

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
1st REF	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	49	0.044			3.84			116	18	5	6			30			15						0.5								1											
2nd REF	64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	5	0.093			1.85			35	15					15			5																								
CURRENT	64624			#DIV/0!						0																																		
SVY	64624	Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)	71	0.079	1.00	2.10	3.50	3.90	15.36	89	25	6	5	0	15	20	30	80	10														1								0	3	10	25	400
INTERIM REC	64624	25TH PERCENTILE WORK RVU		0.052			2.10			65	13	1	5			20			10														1											

						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt/same day							FAC-obs				Office					Prolonged				SURVEY EXPERIENCE				
Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	26	25	24	17	15	14	13	12	11	54	55	56	57	MIN	25th	MED	75th	MAX
1st REF	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	26	0.044			3.84			116	18	5	6			30			15						0.5								1											
2nd REF	64632	Destruction by neurolytic agent; plantar common digital nerve	11	0.083			1.23			36	10					5			5															1											
CURRENT	64640	Destruction by neurolytic agent; other peripheral nerve or branch		0.083			1.23			36	10					5			5															1											
SVY	64640	Destruction by neurolytic agent; other peripheral nerve or branch	58	0.022	1.00	1.88	2.35	3.73	9.00	88.5	24.5	6	5	1	15	20	29	80	10														1								0	4	15	30	600
INTERIM REC	64640	CURRENT WORK RVU		0.009			1.23			65	13	1	5			20			10														1											
REFERENCE	17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm		0.027			1.22			47	7		2			17			5														1											

Tab 10 Practice Expense Compelling Evidence

The specialties are reviewing the comments received on practice expense inputs. We appreciate the efforts of the reviewers. We are currently updating our spreadsheets to address the issues raised by reviewers. Reviewers requested compelling evidence for our recommendations for an increase in practice expense inputs. Our practice expense compelling evidence is described below.

64454

We are requesting an increase over the aggregate current practice expense cost for clinical staff time, equipment and supplies. Code 64454 is currently billed using code 64450. Code 64450 describes a single injection, whereas the new code 64454 describes injections to three different nerve branches at three locations. Further, the new code, 64454 includes imaging when performed, whereas imaging used with 64450 is billed separately. This change in technique results in additional practice expense needs. Specifically, the change has resulted in increased pre-service time, as well as the need to include additional staff, specifically a radiology tech, in the performance of the procedure as well as some elements of the pre and post-service work. An expanded list of supplies is necessary to accommodate the three injections. Finally, an expanded list of equipment is supported by the inclusion of imaging in code 64454.

64624

We are requesting an increase over the aggregate current practice expense cost for clinical staff time, equipment and supplies. Code 64624 is currently billed using code 64640. Code 64640 describes RFA for a single nerve or branch, while the new code, 64624 describes RFA for three different nerve branches at three locations. Further, the new code, 64624 includes imaging when performed, whereas imaging used with 64640 is billed separately. This change in technique results in additional practice expense needs. Specifically, the change has resulted in increased time on the part of the radiology tech, who is needed for the imaging portion of the service. An expanded list of supplies is necessary to accommodate the increase in RFA sites from one to three. Finally, an expanded list of equipment is supported by the inclusion of imaging in code 64454.

64640

We are requesting an increase over the aggregate current practice expense cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages.

CPT Code:___64454_____
Specialty Society_____AAPM, AAPM&R, ASA, SIS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed

Global Period:__0___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64450 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No.

4. What specialty is the dominant provider in the nonfacility? *New code- N/A*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *New code- N/A*
   Is the dominant provider in the nonfacility different then for the global? *New code- N/A*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Table, exam – default
    Room, radiographic – fluoroscopic – default
    Pulse oximeter w-printer – default
    Light, exam - default
    Technology PACS workstation – PACS
    Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here:
Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).

18. Please include an explanation of each line item:

Code	**Supply**	**64454**
SA041	pack, basic injection	For performing the procedure
SB037	pillow case	For performing the procedure
SB004	cover, thermometer probe	For performing the procedure
SB026	gown, patient	For the patient
SC057	syringe 5-6ml	For performing the procedure
SH021	bupivacaine 0.25% inj (Marcaine)	For performing the procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SB019	drape-towel, sterile 18in x 26in	For sterile prep
SB008	drape, sterile, c-arm, fluoro	For performing the procedure
SC028	needle, 18-26g 1.5-3.5in, spinal	For performing the procedure

CPT Code:___64640_____
Specialty Society_____AAPM, AAPM&R, ASA, SIS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Destruction by neurolytic agent; other peripheral nerve or branch

Global Period:__10___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64640 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No.

4. What specialty is the dominant provider in the nonfacility? *Podiatry – 27%*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *45%*
   Is the dominant provider in the nonfacility different then for the global? *Yes. For the global, the dominant specialty is Anesthesiology (23%)*

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   We are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies. Based on our Expert Panel review we identified a number of direct PE inputs (largely supplies) that are typically used when providing this service in the non-facility environment that are not currently included. We have confirmed that the added PE clinical labor tasks, supplies, and equipment are not included in the current inputs or packages and that there is no duplication.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    Table, exam – default
    Pulse oximeter w-printer – default
    Printer, dye sublimation (photo, color) – default
    Radiofrequency kit for destruction by neurolytic agent – default
    Light, exam – default
    Radiofrequency generator (NEURO) – default

Nerve stimulator (eg, for nerve block) - default
Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	**Supply**	**64640**
SA048	pack, minimum multi-specialty visit	For day of procedure and follow up visit
SC057	syringe 5-6ml	For performing the procedure
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SB019	drape-towel, sterile 18in x 26in	For sterile prep
SD087	guide, needle, for localization	For performing the procedure
SD011	cannula (radiofrequency denervation) (SMK-C10)	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SD269	Grounding pad	For performing the procedure
SC051	syringe 10-12ml	For performing the procedure

CPT Code:___64624_____
Specialty Society_____AAPM, AAPM&R, ASA, SIS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)

Global Period:__10___ Meeting Date: __October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64640 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No.

4. What specialty is the dominant provider in the nonfacility? *Podiatry*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *27%*
   Is the dominant provider in the nonfacility different then for the global? *For the global, the dominant specialty is Anesthesiology (23%)*

   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   We recommend 5 minutes for obtaining vital signs. The following vital signs are collected: heart rate, blood pressure, body mass index, temperature, and oxidation level.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Staff is present and assisting physician during the entire procedure. Staff supports the physician throughout the procedure by handing over the necessary supplies (syringes, gauzes etc.), acts as a second pair of hands during the procedure assisting with supplies/equipment or directly with the patient as needed, helps to make sure patient is comfortable and monitors the patient throughout the procedure.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

    Table, exam – default
    Room, radiographic – fluoroscopic – default
    Pulse oximeter w-printer – default
    Printer, dye sublimation (photo, color) – default
    Radiofrequency kit for destruction by neurolytic agent – default
    Light, exam – default
    Technologist PACS workstation - PACS
    Radiofrequency generator (NEURO) – default

Nerve stimulator (eg, for nerve block) - default
Mayo stand - default

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

17. If there is any other item on your spreadsheet that needs further explanation please include here: *Consent is obtained in the pre-service period of the service period on the day of the procedure (CA011), in addition to being obtained in the pre-service period (CA004).*

18. Please include an explanation of each line item:

Code	**Supply**	**64624**
SA048	pack, minimum multi-specialty visit	For day of procedure and follow up visit
SH023	chlorhexidine 0.12% (Peridex)	For sterile prep
SH022	bupivacaine 0.5% inj (Marcaine)	For performing the procedure
SH047	lidocaine 1%-2% inj (Xylocaine)	For performing the procedure
SK075	skin marking pen, sterile (Skin Skribe)	For performing the procedure
SB019	drape-towel, sterile 18in x 26in	For sterile prep
SB008	drape, sterile, c-arm, fluoro	For performing the procedure
SD087	guide, needle, for localization	For performing the procedure
SD011	cannula (radiofrequency denervation) (SMK-C10)	For performing the procedure
SA088	tray, surgical skin prep, sterile	For sterile prep
SD269	Grounding pad	For performing the procedure
SC028	needle, 18-26g 1.5-3.5in, spinal	For performing the procedure
SC051	syringe 10-12ml	For performing the procedure

CPT Code:____64454_____
Specialty Society_____AAPM, AAPM&R, ASA, SIS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed

Global Period:__0___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64450 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   N/A

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item: *N/A*

CPT Code:____64640_____
Specialty Society_____AAPM, AAPM&R, ASA, SIS_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Destruction by neurolytic agent; other peripheral nerve or branch

Global Period:__10___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64640 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   We are requesting an increase over the current total cost for clinical staff time for the reference code. Based on our Expert Panel review we identified a number of areas where clinical staff time is involved when providing this service in a facility environment that are not currently included in the reference code.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Table, exam – default
    Light, exam – default

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here:

14. Please include an explanation of each line item:

Code	**Supply**	**64640**
SA048	pack, minimum multi-specialty visit	For follow up visit

CPT Code:____64624____
Specialty Society____AAN, AAPM, AAPM&R, ASA_____

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)

Global Period:__10___ Meeting Date: _October 2018_____

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A panel of clinicians representing each specialty society involved in the RUC survey process for the code collaborated to develop and approve the PE recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Using the current direct PE inputs of code 64640 as the reference code

3. Is this code(s) typically billed with an E/M service?

   No.

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   We are requesting an increase over the current total cost for clinical staff time. Based on our Expert Panel review we identified a number of areas where clinical staff time is involved when providing this service in a facility environment that are not currently included.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Table, exam – default
    Light, exam – default

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

13. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

14. Please include an explanation of each line item:

Code	**Supply**	**64624**
SA048	pack, minimum multi-specialty visit	For follow up visit

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2	**REVISED**	~~Please see brief summaries of the standards/guidelines in column C.~~ ***For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.***				**64450**		**64454**		**64640**		**64640**		**64624**	
3		***RUC Collaboration Website***				Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)	
4	**Clinical Activity Code**	**Meeting Date: October 2018 Tab: 10 Genicular Injection and RFA Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Pain Medicine, Spine Intervention Society**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						**0**	**0**	**10**	**10**	**10**	**10**	**10**	**10**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 33.00**	**$ 6.29**	**$ 101.34**	**$ 3.33**	**$ 53.95**	**$ 24.48**	**$ 90.74**	**$ 16.88**	**$ 205.20**	**$ 14.66**
8		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**50.0**	**17.0**	**77.0**	**9.0**	**73.0**	**63.0**	**85.0**	**42.0**	**114.0**	**36.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**8.0**	**14.0**	**5.0**	**9.0**	**18.0**	**30.0**	**3.0**	**9.0**	**5.0**	**9.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**39.0**	**0.0**	**72.0**	**0.0**	**28.0**	**6.0**	**55.0**	**6.0**	**82.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**3.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 18.50**	**$ 6.29**	**$ 29.45**	**$ 3.33**	**$ 27.01**	**$ 23.31**	**$ 31.45**	**$ 15.54**	**$ 43.34**	**$ 13.32**
13		**PRE-SERVICE PERIOD**													
14		**Start: Following visit when decision for surgery or procedure made**													
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37		3		0	5	5	0	0	0	0
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				3	3	10	0	3	0	3
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		3		3		5		3		3
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	5	5	0	0	7	7	0	0	0	0
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	3	3	3	3	3	3	3	3	3	3
20	CA006	Confirm availability of prior images/studies	L041B	~~Radiologic Technologist~~	0.41			2						2	
21	CA007	Review patient clinical extant information and questionnaire	L041B	~~Radiologic Technologist~~	0.41			0						0	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37										
29		**End: When patient enters office/facility for surgery/procedure**													
30		**SERVICE PERIOD**													
31		**Start: When patient enters office/facility for surgery/procedure:**													
32		**Pre-Service (of service period)**													
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37	3		3		3		3		3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	3		5		5		5		5	
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37			2		0		2		2	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37										
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2		5		2		2	
38	CA013	Prepare room, equipment and supplies	L041B	~~Radiologic Technologist~~	0.41			2						2	
39	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37										
40	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37										
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		2		5		2		2	
42	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37										
49		**Intra-service (of service period)**													
50	CA018	~~Assist physician or other qualified healthcare professional---directly related to physician work time (100%)~~	L037D	RN/LPN/MTA	0.37	5		15		0	0	20		20	
51	CA018	~~Assist physician or other qualified healthcare professional---directly related to physician work time (100%)~~	L041B	~~Radiologic Technologist~~	0.41			15						20	
52	CA019	~~Assist physician or other qualified healthcare professional---directly related to physician work time (70%)~~	L037D	RN/LPN/MTA	0.37					4					
53	CA020		L037D	RN/LPN/MTA	0.37										
54	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37										
61		**Post-Service (of service period)**													
62	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37	20		15				15		15	
63	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37										
64	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3		3		3		3	
65	CA025	Clean scope	L037D	RN/LPN/MTA	0.37										
66	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37										
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37										
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37										
69	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	1		1		1		1		1	
70	CA030	~~Technologist QC's images in PACS, checking for all images, reformats, and dose page~~	L041B	~~Radiologic Technologist~~	0.41			2						2	
71	CA031	Review examination with interpreting MD/DO	L041B	~~Radiologic Technologist~~	0.41			2						2	
72	CA032	~~Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue~~	L041B	~~Radiologic Technologist~~	0.41			1						1	
73	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37										
74	CA034	~~Document procedure (non PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)~~	L037D	RN/LPN/MTA	0.37										
75	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37			2		2		2		2	
76	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	**6**	**n/a**	**6**	**n/a**	
83		**End: Patient leaves office**													
84		**POST-SERVICE PERIOD**													
85		**Start: Patient leaves office/facility**													
86	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3	3								
87	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37										
88		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
89		99211 16 minutes	16												

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		RECOMMENDED	
2	REVISED	~~Please see brief summaries of the standards/guidelines in column C.~~ *For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*				64450		64454		64640		64640		64624	
3		***RUC Collaboration Website***				Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)	
4	Clinical Activity Code	**Meeting Date: October 2018 Tab: 10 Genicular Injection and RFA Specialty: American Society of Anesthesiologists, American Academy of Physical Medicine and Rehabilitation, American Academy of Pain Medicine, Spine Intervention Society**	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						**0**	**0**	**10**	**10**	**10**	**10**	**10**	**10**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 33.00**	**$ 6.29**	**$ 101.34**	**$ 3.33**	**$ 53.95**	**$ 24.48**	**$ 90.74**	**$ 16.88**	**$ 205.20**	**$ 14.66**
8		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**50.0**	**17.0**	**77.0**	**9.0**	**73.0**	**63.0**	**85.0**	**42.0**	**114.0**	**36.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**8.0**	**14.0**	**5.0**	**9.0**	**18.0**	**30.0**	**3.0**	**9.0**	**5.0**	**9.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**39.0**	**0.0**	**72.0**	**0.0**	**28.0**	**6.0**	**55.0**	**6.0**	**82.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**3.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**
90		99212 27 minutes	27							1	1	**1**	**1**	**1**	**1**
91		99213 36 minutes	36									**0**	**0**	**0**	**0**
92		99214 53 minutes	53												
93		99215 63 minutes	63												
94	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**
101		**End: with last office visit before end of global period**													

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2	**REVISED**	~~Please see brief summaries of the standards/guidelines in column C.~~ ***For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.***				**64450**		**64454**		**64640**		**64640**		**64624**	
3		***RUC Collaboration Website***				Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch		Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches including imaging guidance, when performed		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent; other peripheral nerve or branch		Destruction by neurolytic agent genicular nerve branches (includes imaging guidance, when performed)	
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						**0**	**0**	**10**	**10**	**10**	**10**	**10**	**10**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 33.00**	**$ 6.29**	**$ 101.34**	**$ 3.33**	**$ 53.95**	**$ 24.48**	**$ 90.74**	**$ 16.88**	**$ 205.20**	**$ 14.66**
8		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**50.0**	**17.0**	**77.0**	**9.0**	**73.0**	**63.0**	**85.0**	**42.0**	**114.0**	**36.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**8.0**	**14.0**	**5.0**	**9.0**	**18.0**	**30.0**	**3.0**	**9.0**	**5.0**	**9.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**39.0**	**0.0**	**72.0**	**0.0**	**28.0**	**6.0**	**55.0**	**6.0**	**82.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**3.0**	**0.0**	**0.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**
102	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**											
103		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 14.23**	**$ -**	**$ 31.62**	**$ -**	**$ 26.21**	**$ 1.14**	**$ 51.15**	**$ 1.14**	**$ 109.18**	**$ 1.14**
104	SA041	pack, basic injection	11.67	pack		1		1							
105	SA048	pack, minimum multi-specialty visit	1.143	pack		1		**1**		2	1	2	1	2	1
106	SB037	pillow case	0.307	item				**2**							
107	SB004	cover, thermometer probe	0.038	item				**0**							
108	SB026	gown, patient	0.533	item				**0**							
109	SC057	syringe 5-6ml	0.15	item		1		2		1		1			
110	SH021	bupivacaine 0.25% inj (Marcaine)	0.254	ml		5		5		5					
111	SH023	chlorhexidine 0.12% (Peridex)	0.408	oz								1		1	
112	SH022	bupivacaine 0.5% inj (Marcaine)	0.1	ml								5		5	
113	SH047	lidocaine 1%-2% inj (Xylocaine)	0.035	ml								5		10	
114	SK075	skin marking pen, sterile (Skin Skribe)	1.048	item				1				1		1	
115	SB019	drape-towel, sterile 18in x 26in	0.282	item				4				4		4	
116	SB008	drape, sterile, c-arm, fluoro	4.504	item				1						1	
117	SD087	guide, needle, for localization	10.75	item								1		1	
118	SD011	cannula (radiofrequency denervation) (SMK-C10)	25	item								**1**		3	
119	SA088	tray, surgical skin prep, sterile	6.7647	tray								1		1	
120	SD269	Grounding pad	2.76	item								**1**		1	
121	SC029	needle, 18-27g	0.089	item						1					
122	SC028	needle, 18-26g 1.5-3.5in, spinal	3.314	item				3						1	
123	SG009	applicator, sponge-tipped	0.139	item						1					
124	SG056	gauze, sterile 4in x 4in (10 pack uou)	0.798	item						2					
125	SD050	electrode needle, injectable (Myoject)	20	item						1					
126	SB007	drape, sterile barrier 16in x 29in	0.494	item						1					
127	SC051	syringe 10-12ml	0.184	item						1		1		2	
128		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*													
130	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**										
131		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.27**	**$ -**	**$ 40.27**	**$ -**	**$ 0.74**	**$ 0.03**	**$ 8.14**	**$ 0.20**	**$ 52.68**	**$ 0.20**
132	EF023	table, exam	1338.17	Default	0.002976617	79		33		115	10	38	27.0	38	27.0
133	EL018	room, mobile c-ARM	151200	Default	0.572899695			33						38	
134	EQ211	pulse oximeter w-printer	1207.18	Other Formula	0.003896333			**0**		88		**0**		**0**	
135	ED031	printer, dye sublimation (photo, color)	2322.5	Default	0.009202201							**0**		**0**	
136	EQ354	radiofrequency kit for destruction by neurolytic agent	2695	Default	0.040425							38		38	
137	EQ168	light, exam	1630.12	Default	0.004325893			33				38	27.0	38	27.0
138	ED050	Technologist PACS workstation	5557	PACS	0.022017924			38						43	
139	EQ214	radiofrequency generator (NEURO)	32900	Default	0.127491684							38		38	
140	EQ184	nerve stimulator (eg, for nerve block)	572.3	Default	0.001847174	19				28		38		38	
141	EF015	mayo stand	530.76	Default	0.001180619			33				38		38	
142	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	4322.5	Default	0.013951439			**93**				**98**		**98**	
143	EF024	table, fluoroscopy	281600		0.574324191			**33**						**38**	
144		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*													

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

January 2019

Cyclophotocoagulation Cataract Surgery – Tab 11

In October 2017, CPT codes 66711 and 66984 were identified as codes reported together 75% of the time or more. The RUC reviewed action plans to determine whether a code bundle solution should be developed for these services. In January 2018, the RUC recommended to refer to CPT to bundle 66711 with 66984 for CPT 2020. In May 2018, the CPT Editorial Panel revised three codes and created two new codes to differentiate cataract procedures performed with and without endoscopic cyclophotocoagulation.

66711 ***Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens***
The RUC reviewed the survey results from 40 ophthalmologists and determined to crosswalk the work RVU of 6.36 from key reference service code 67210 *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation* (work RVU = 6.36 and 15 minutes intra-service time) to CPT code 66711. The RUC conducted a thorough search of all other potential crosswalk codes and ran into a lack of potential crosswalk codes due to the lack of similarly intense major surgical procedures with a comparable amount of skin-to-skin time, OR time and amount of post-operative care. The RUC noted that the survey intra-service time decreased 10 minutes from the current time and that the only appropriate crosswalk for this intense intraocular service is CPT code 67210. The survey respondents indicated that 66711 is more intense and complex to perform than 67210 on all measures examined (mental effort/judgment, technical skill/physical effort and psychological stress). Additionally, both services use laser ablation of tissue, making it the most clinically relatable service for comparison.

The RUC recommends 25 minutes pre-service evaluation, 3 minutes pre-service positioning, 6 minutes pre-service scrub/dress/wait pre-service time, 20 minutes intra-service time, 10 minutes immediate post-time, half a discharge day management (99238), four 99213 office visits and one 99212 office visit. The first post-operative visit is a 99212 visit on the first day after surgery in which the physician performs an exam on an un-dilated eye, checking visual acuity, intraocular pressure, incision integrity, and level of inflammation. The remaining four post-operative visits are 99213 visits approximately 1 week, 2 weeks, 1 month and 6-8 weeks postoperatively, in which the physician performs an exam on a dilated eye, checking visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema. These exams must be performed on a dilated eye, as specified by practice guidelines, to check for macular edema and ensure that retinal detachment has not occurred. **The RUC recommends a work RVU of 6.36 for CPT code 66711.**

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Complex Cataract Removal

66982 ***Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation***

The RUC reviewed the survey results from 92 ophthalmologists and determined to crosswalk the work RVU of 10.25 from CPT code 67110 *Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)* (work RVU = 10.25 and 30 minutes intra-service time) to CPT code 66982. The RUC noted that the survey top key reference codes 67036 *Vitrectomy, mechanical, pars plana approach;* (work RVU = 12.13, IWPUT = 0.1075) and 65850 *Trabeculotomy ab externo* (work RVU = 11.39, IWPUT = 0.1109) have a much lower physician work intensity than the surveyed code and therefore it would be appropriate for the survey code to have a higher intra-service work per unit of time (IWPUT). The intensity of cataract surgery has not changed and the magnitude estimation in the survey data supports that the intensity of this service is high. All the intra-service time for cataract surgery is spent with both the physicians' hands inside the eye and both feet managing ultrasound and microscope foot pedals, where a slight misstep can lead to serious complications such as endophthalmitis or retinal detachment with permanent loss of vision, which contributes to the intensity of the procedure. The RUC conducted a thorough search of all other potential crosswalk codes and ran into a lack of potential crosswalk codes due to the lack of similarly intense major surgical procedures with a comparable amount of skin-to-skin time, OR time and amount of post-operative care. The RUC noted that the only appropriate crosswalk for this intense service is 67110. CPT code 66982 has less total time than 67110, but that is due to the difference in post-operative visits required for these services. Both CPT codes 66982 and 67110 require the same intra-service time of 30 minutes and CPT code 66982 is appropriately more intense than CPT code 67110. CPT code 67110 involves an injection of air into the vitreous to tamponade the retinal detachment and there is relativity less intraocular manipulation. Whereas, the intra-service work for 66982 includes work all performed inside the eye.

The RUC recommends 25 minutes evaluation, 3 minutes positioning, 7 minutes scrub/dress/wait pre-service time, 30 minutes intra-service time, 6 minutes immediate post-time, half a discharge day management (99238), three 99213 office visits and one 99212 office visit. The first post-operative visit is a 99212 visit on the first day after surgery in which the physician performs an exam on an un-dilated eye, checking visual acuity, intraocular pressure, incision integrity, and level of inflammation. The remaining three post-operative visits are 99213 visits approximately 1 week, 2-4 weeks, and 6-8 weeks postoperatively, in which the physician performs an exam on a dilated eye, checking visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments. These exams must be performed on a dilated eye, as specified by practice guidelines, to ensure that retinal detachment has not occurred. **The RUC recommends a work RVU of 10.25 for CPT code 66982.**

66987 ***Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation***

The RUC reviewed the survey results from 31 ophthalmologists and determined a work RVU of 13.15 appropriately accounts for the work required to perform this service. The RUC conducted a thorough search of all other potential crosswalk codes and noted a lack of potential crosswalk codes due to the complete lack of similarly intense major surgical procedures with a comparable amount of skin-to-skin time, OR time

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and amount of post-operative care. There are no available crosswalks to the physician work, time and intensity of this service. Therefore, the RUC used an increment approach by adding the RUC recommended difference of the standard cataract removal with endoscopic cyclophotocoagulation (CPT code 66988 RUC recommended work RVU = 10.25) compared to the standard cataract removal without endoscopic cyclophotocoagulation (CPT code 66984, RUC recommended work RVU = 7.35), which results in 2.90 (10.25 - 7.35 = 2.90). Therefore, adding the work of the endoscopic cyclophotocoagulation (2.90) to the RUC recommendation for CPT code 66982 complex cataract removal without endoscopic cyclophotocoagulation (RUC recommended work RVU = 10.25), (10.25 + 2.90 = 13.15) results in 13.15 work RVUs.

The RUC noted that the survey top key reference codes 66179 *Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft* (work RVU = 14.00, 55 minutes intra-service time and IWPUT = 0.1156) and 65285 *Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue* (work RVU = 15.36, 90 minutes intra-service time and IWPUT = 0.0743) have a much higher intra-service time and lower IWPUT than what would be appropriate for the much more intense surveyed code. The intensity of cataract surgery has not changed and the magnitude estimation in the survey data supports that the intensity of this service is high. All the intra-service time for cataract surgery is spent with both the physicians' hands inside the eye and both feet managing ultrasound and microscope foot pedals, where a slight misstep can lead to serious complications such as endophthalmitis or retinal detachment with permanent loss of vision, which contributes to the intensity of the procedure.

The RUC recommends 30 minutes pre-service evaluation, 3 minutes pre-service positioning, 10 minutes pre-service scrub/dress/wait time, 36 minutes intra-service time, 10 minutes immediate post-time, half a discharge day management (99238), five 99213 office visits and one 99212 office visit. The first post-operative visit is a 99212 visit on the first day after surgery in which the physician performs an exam on an un-dilated eye, checking visual acuity, intraocular pressure, incision integrity, and level of inflammation. The remaining five post-operative visits are 99213 visits approximately 1, 2, 3-4, 6-8, and 10-12 weeks postoperatively, in which the physician performs an exam on a dilated eye, to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments. These exams must be performed on a dilated eye, as specified by practice guidelines, to check for macular edema and ensure that retinal detachment has not occurred. **The RUC recommends a work RVU of 13.15 for CPT code 66987.**

Cataract Removal

66983 ***Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)***
This service is performed less than 150 times in the Medicare population and the specialty society, with the RUC's approval, did not attempt to survey this service. Based on the Medicare Provider Utilization and Payment Data: Physician and Other Supplier PUF CY2016 file, only one ophthalmologist reported this service more than 10 times. **The RUC recommends that this service be contractor priced.**

66984 ***Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation***
The RUC reviewed the survey results from 93 ophthalmologists and determined a work RVU of 7.35 appropriately accounts for the work required to perform this service. The RUC used an incremental approach by taking the value of similar service 67210 *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation* (work RVU = 6.36 and 15 minutes intra-service time, IWPUT = 0.1991) and added the intensity for 5 additional intra-service minutes associated with 66984 (20 minutes intra-service time). (5 minutes x 0.1991

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intensity of CPT code 67210 = 0.99, 6.36 + 0.99 = 7.35). The RUC conducted a thorough search of all other potential crosswalk codes and ran into a lack of potential crosswalk codes due to the complete lack of similarly intense major surgical procedures with a comparable amount of skin-to-skin time, OR time and amount of post-operative care. The RUC noted there are no distinct crosswalks to support the intensity of this service and the only appropriate code to reference with similar intensity is 67210. A minority of those surveyed, chose CPT code 67210 as a top key reference service and ranked the intensity and complexity of 66984 as somewhat more to much more than 67210. The specialty societies indicated that as an intraocular procedure, 66984 is much more intense and complex than 67210, which is an extraocular laser procedure with a contact lens placed on the eye.

The RUC noted that the survey top key reference codes 65850 *Trabeculotomy ab externo* (work RVU = 11.39, IWPUT = 0.1109) and 66184 *Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft* (work RVU = 9.58, IWPUT = 0.0485) have a much lower IWPUT than what would be appropriate for the much more intense surveyed code. The intensity of cataract surgery has not changed and the magnitude estimation in the survey data supports that the intensity of this service is high. All the intra-service time for cataract surgery is spent with both the physicians' hands inside the eye and both feet managing ultrasound and microscope foot pedals, where a slight misstep can lead to serious complications such as endophthalmitis or retinal detachment with permanent loss of vision, which contribute to the intensity of the procedure.

The RUC recommends 13 minutes pre-service evaluation, 1 minutes pre-service positioning, 6 minutes pre-service scrub/dress/wait time, 20 minutes intra-service time, 5 minutes immediate post-service time, half a discharge day management (99238), two 99213 office visits and one 99212 office visit. The first post-operative visit is a 99212 visit on the first day after surgery in which the physician performs an exam on an un-dilated eye, checking visual acuity, intraocular pressure, incision integrity, and level of inflammation. The remaining two post-operative visits are 99213 visits approximately one week and one month postoperatively to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments. These exams must be performed on a dilated eye as specified by practice guidelines, to check for macular edema and ensure that retinal detachment has not occurred. **The RUC recommends a work RVU of 7.35 for CPT code 66984.**

66988 ***Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation***

The RUC reviewed the survey results from 31 ophthalmologists and determined to crosswalk the work RVU of 10.25 from CPT code 67110 *Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)* (work RVU = 10.25 and 30 minutes intra-service time) to this service. The RUC noted that the survey top key reference codes 66179 *Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft* (work RVU = 14.00, 55 minutes intra-service time and IWPUT = 0.1156) and 65285 *Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue* (work RVU = 15.36, 90 minutes intra-service time and IWPUT = 0.0743) have much higher intra-service time and lower IWPUT than what would be appropriate for the much more intense surveyed code. The intensity of cataract surgery has not changed and the magnitude estimation in the survey data supports that the intensity of this service is high. All the intra-service time for cataract surgery is spent with both the physicians' hands inside the eye and both feet managing ultrasound and microscope foot pedals, where a slight misstep can lead to serious complications such as endophthalmitis or retinal detachment with permanent loss of vision, which contributes to the intensity of the procedure. The RUC conducted a thorough search of all other potential crosswalk codes and ran into a lack of potential crosswalk codes due to the lack of similarly intense major surgical procedures with a comparable amount of skin-to-skin time, OR

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time and amount of post-operative care. The RUC noted the only appropriate crosswalk for this intense service is 67110. CPT code 66988 has similar total time and the same intra-service time of 30 minutes. CPT code 66988 is appropriately more intense than CPT code 67110. CPT code 67110 involves an injection of air into the vitreous to tamponade the retinal detachment and there is relativity less intraocular manipulation. Whereas, the intra-service work for 66988 includes work all performed inside the eye.

The RUC recommends 25 minutes pre-service evaluation, 3 minutes pre-service positioning, 10 minutes pre-service scrub/dress/wait time, 30 minutes intra-service time, 7 minutes immediate post-time, half a discharge day management (99238), four 99213 office visits and one 99212 office visit. The first post-operative visit is a 99212 visit on the first day after surgery in which the physician performs an exam on an undilated eye, checking visual acuity, intraocular pressure, incision integrity, and level of inflammation. The remaining four post-operative visits are 99213 visits approximately 1, 2, 4, and 6-8 weeks postoperatively, in which the physician performs an exam on a dilated eye, to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments. These exams must be performed on a dilated eye, as specified by practice guidelines, to check for macular edema and ensure that retinal detachment has not occurred. **The RUC recommends a work RVU of 10.25 for CPT code 66988.**

Flag
The value for CPT codes 66984 and 66987 were established using a building block methodology, the RUC notes that they should be flagged as "**Do not use to validate for physician work."**

Practice Expense
The RUC recommends the standard 090-day global period direct practice expense inputs as submitted by the specialty society.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery Eye and Ocular Adnexa				
▲66711	I1	Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens (For endoscopic cyclophotocoagulation performed at same encounter as extracapsular cataract removal with intraocular lens insertion, see 66987, 66988) *(Do not report 66711 in conjunction with 66990)*	090	6.36

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▲66982	I2	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation *(For insertion of ocular telescope prosthesis including removal of crystalline lens, use 0308T)* (For complex extracapsular cataract removal with concomitant endoscopic cyclophotocoagulation, use 66987)	090	10.25
●66987	I3	with endoscopic cyclophotocoagulation (For complex extracapsular cataract removal without endoscopic cyclophotocoagulation, use 66982) (For insertion of ocular telescope prosthesis including removal of crystalline lens, use 0308T)	090	13.15
(f)66983	I4	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure) *(Do not report 66983 in conjunction with 0308T)*	090	Contractor Price
▲66984	I5	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation *(For complex extracapsular cataract removal, use 66982)* (For extracapsular cataract removal with concomitant endoscopic cyclophotocoagulation, use 66988) *(For insertion of ocular telescope prosthesis including removal of crystalline lens, use 0308T)*	090	7.35

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●66988	I6	with endoscopic cyclophotocoagulation (For extracapsular cataract removal without endoscopic cyclophotocoagulation, use 66984) (For complex extracapsular cataract removal with endoscopic cyclophotocoagulation, use 66987) (For insertion of ocular telescope prosthesis including removal of crystalline lens, use 0308T)	090	10.25

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66711 Tracking Number I1 Original Specialty Recommended RVU: **7.40**
Presented Recommended RVU: **7.35**
Global Period: 090 Current Work RVU: **7.93** RUC Recommended RVU: **6.36**

CPT Descriptor: Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old patient with a history of chronic glaucoma has progressive optic nerve damage and elevated intraocular pressure (IOP) that has not been controlled by medical therapy and a previous filtering operation. The patient is pseudo-phakic with a miotic pupil.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 35% , In the ASC 63%, In the office 2%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient record and preoperative diagnostic testing. Discuss the planned procedure with the patient and obtain informed consent. Identify and mark the eye for surgery. Write preoperative orders for medications and pupillary dilation. Check adequacy of pupillary dilation. Perform a surgical time out. Administer sub-Tenon or retrobulbar anesthetic. Reposition the patient. Prep and drape the ocular surface. Check the settings of the photocoagulation unit and function of the light pipe.

Description of Intra-Service Work: Insert a lid speculum to allow adequate visualization. Make a multiplanar temporal clear corneal incision into the anterior chamber. Inject a small amount of viscoelastic into the anterior chamber, over the pupil and lens to protect the cornea. Then inject viscoelastic under the iris root for 180°. Use viscodissection to carefully separate the iris adhesions to the lens capsule and IOL, to facilitate visualization of the ciliary body processes with the endoscope. Insert the endoscope/laser probe through the temporal incision viewing the nasal ciliary processes on the heads-up display across the bed from the operating microscope. Reinject viscoelastic to those areas that need additional release of adhesions under direct visualization with the endoscope. While periodically viewing the position of the handpieces through the operating microscope, and continually having the OR staff manually adjusting and orienting the focus of the image on the endocyclophotocoagulation display from the lightpipe/endoscope laser probe, coagulate the ciliary processes through the endoscope.

Move the endoscope slowly in an arc of 180° allowing treatment of each individual ciliary process for several seconds with an endpoint of shrinkage and whitening. Reposition the probe to slowly apply a second row of cyclophotocoagulation to the portion of the pars plicata immediately inferior to the ciliary processes and remove the probe. Make a second multiplanar corneal incision 90° away from the first. Insert the endoscope/laser probe through this second incision and treat the contralateral ciliary processes and pars plicata to complete treatment of 270° of the processes. After completion of laser therapy, remove the viscoelastic material from the anterior segment of the eye with an irrigation and aspiration handpiece, with careful attention to remove viscoelastic trapped behind the iris. Confirm that the IOL remains in proper position. Remove the iris hooks one by one. Perform a peripheral iridectomy as necessary.

Inject a miotic drug into the anterior chamber to produce pupillary miosis as needed. Inject a corticosteroid drug into the anterior chamber and subconjunctival space. Reform the eye with balanced salt solution. Test the incisions for leaks. Suture any incisions that leak. Remove the lid speculum. Place an antibiotic ointment on the eye as necessary. Place a soft patch and a rigid shield on the operative eye.

Description of Post-Service Work: Immediate post-service work: Write post-operative orders and prescriptions for post-operative medications. Complete an operative report. Discuss the surgical procedure and post op instructions with the patient and family. Necessary follow up testing and exams as well as medications, activity and restrictions are reviewed. Communicate with the referring physician.

Postoperative visits: Patient is seen for a level 2 visit on day 1 to check visual acuity, intraocular pressure, incision integrity, and level of inflammation. The patient is seen again for dilated level 3 visits approximately 1 week, 2 weeks, 1 month, and 6-8 weeks postoperatively to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, Parag Parekh, MD ASCRS		
Specialty Society(ies):	Ophthalmology		
CPT Code:	66711		
Sample Size:	1533	**Resp N:** 40	**Response:** 2.6 %
Description of Sample:	A random sample of members were pulled from the AAO, AGS and ASCRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	3.75	**10.00**	30.00	125.00
Survey RVW:	6.00	7.85	**9.01**	10.69	75.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	8.00	15.00	**20.00**	20.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**108.00**	99211x **0.00** 12x **1.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	66711	**Recommended Physician Work RVU: 6.36**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**15.00**	**-9.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**108.00**	99211x **0.00** 12x **1.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
67210	090	6.36	**RUC Time**

CPT Descriptor Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66185	090	10.58	**RUC Time**

CPT Descriptor Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
26615	090	7.07	**RUC Time**	2,132

CPT Descriptor 1 Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
24076	090	7.41	**RUC Time**	843

CPT Descriptor 2 Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm

Other Reference CPT Code	Global	Work RVU	Time Source
67210	090	6.36	**RUC Time**

CPT Descriptor Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 40.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 66711	Top Key Reference CPT Code: 67210	2nd Key Reference CPT Code: **66185**
Median Pre-Service Time	34.00	17.00	25.00
Median Intra-Service Time	20.00	15.00	65.00
Median Immediate Post-service Time	10.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	0.00	19.00
Median Office Visit Time	108.0	69.00	140.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**191.00**	**106.00**	**259.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	12%	19%	50%	19%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	31%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	31%	62%
Physical effort required	0%	31%	69%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	19%	75%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	50%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	50%	17%
Physical effort required	50%	17%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 66711, *Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens* is being revalued as part of the family of endoscopic ciliary ablation codes associated with new CPT codes 66987 and 66988, which describe combined cataract surgery/endoscopic ciliary ablation procedures. The new codes were created because endoscopic ciliary ablation is performed over 75% of the time with cataract surgery. CPT 66711 was last reviewed by the RUC in 2004.

A random survey of American Academy of Ophthalmology, American Society of Cataract and Refractive Surgeons, and American Glaucoma Society members had 40 respondents, 90% of whom found the vignette to be typical. The median WRVU was 9.01 and the 25th percentile was 7.85. The median IST was 20 minutes. The survey showed four 99213 and one 99212 postoperative visits. The current work value of 66711 is 7.93 WRVU, with an IST of 30 minutes and the same number and level of postoperative visits.

The top key reference service, chosen by 40% of respondents, was CPT 67210, *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation* (RUC 2010), with a WRVU of 6.36, an IST of 15 minutes, and three level 3 postoperative visits. The second reference service, chosen by 15% of respondents, was CPT 66185, *Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft* (RUC 2014), with a WRVU of 10.58, an IST of 65 minutes, three level 2 and four level 3 postoperative visits. The respondents ranked the surveyed code as more intense and complex on all intensity and complexity measures compared to the top key reference service.

The expert panel of the AAO, ASCRS, and AGS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The panel agreed with the median IST of 20 minutes and the number and level of postoperative visits. A level 2 visit is done on the first postoperative day to check vision, pressure, incision integrity, and level of inflammation. Subsequent visits at 1, 2, 4, and 6-8 weeks are dilated level 3 visits. These patients typically have significant postoperative inflammation due to the ablation of the ciliary processes, necessitating frequent dilated examinations in the postoperative period to perform a detailed examination of the posterior retina for cystoid macular edema (CME). CME occurs more commonly in the presence of postoperative inflammation. The sooner CME is detected and treated, the lower the likelihood of permanent macular changes resulting in reduced visual acuity.

We chose pre-service package 3 (straightforward patient, difficult procedure) as these are typically complex, difficult to operate eyes with a history of multiple prior procedures and miotic pupils. We reduced the package pre-service evaluation time from 33 minutes to match the survey time of 25 minutes, reduced the survey positioning time from 5 minutes to match the package time of 3 minutes, and reduced the package pre-service scrub, dress and wait time from 15 minutes to the survey time of 6 minutes. This is an increase in pre-time of 9 minutes compared to the current value. The extra time in the preoperative are is necessary for the physician to review the patient's prior surgical interventions, which are typically multiple, including cataract surgery and one or more prior failed glaucoma procedures. There are also more options available than there were in 2004, when the code was last valued, for supporting an intraocular lens that may be found to be loose or may be dislocated intraoperatively. In the past, these lenses were typically left alone if they covered the visual axis or removed if badly dislocated, but now they are supported with one of a variety of rings or sutures. While the need to use these devices intraoperatively is not typical, a discussion of and re-emphasis of prior office discussions regarding their potential use is typical in the preoperative area.

We used the survey post-service time median of 10 minutes, which is less than the 21 minutes of post-service time package 7B (local anesthesia, complex procedure) and unchanged from the current value, and one-half of a 99238 for discharge day management. Total time for the procedure is 191 minutes, with an IST of 20 minutes. Despite the 10-minute decrease in IST, the total time remains almost identical due to recognition of the increased time spent reviewing the complex past history and explaining the procedure in the pre-operative area.

As with CPT 66984 in this family, we were unable to find adequate crosswalk codes for the 25th percentile work value. In the absence of a crosswalk, we initially chose a work value recommendation of 7.40 WRVU, below the 25th percentile, based on matching the IWPUT to the current value. The reviewers were concerned with this atypical methodology and recommended pre-facilitation.

As a result of pre-facilitation, we are now recommending a crosswalk to the work value of the top key reference service, CPT 67210, *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation* (RUC 2010), with 6.36 WRVU, an IST of 15 minutes, and total time of 106 minutes. While the IST and total times don't match exactly, laser ablation of tissue is used in both CPT 67111 and our primary KRS, CPT 67210, making it a logical crosswalk from a clinical perspective. **Therefore, our recommended work value for CPT 66711 is 6.36 WRVU (IWPUT is 0.023), well below the survey's 25th percentile, with times of 34/20/10 minutes and a total time of 191 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT 66711 is frequently billed in conjunction with 66982 or 66984, cataract surgery. New CPT codes have been established to capture the combined services, which should reduce the reporting of 66711 with other CPT codes.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4500
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Opthalmology Frequency 4500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database

Specialty Ophthalmology Frequency 3000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 66711

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66982 Tracking Number I2 Original Specialty Recommended RVU: **11.08**
Presented Recommended RVU: **10.25**
Global Period: 090 Current Work RVU: **11.08** RUC Recommended RVU: **10.25**

CPT Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmentalstage; without endoscopic cyclophotocoagulation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 71-year-old female presents with chronic angle closure glaucoma and posterior synechiae with fixed miotic pupil who has now developed a cataract. Cataract removal with IOL placement is recommended with iris hooks to open the small pupil.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 27% , In the ASC 72%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient record and preoperative diagnostic testing. Discuss the planned procedure with the patient and family and obtain informed consent. Identify and mark the eye for surgery. Write preoperative orders for medications and pupillary dilation. Perform a surgical time out. Administer topical, sub-Tenon or retrobulbar anesthetic. Reposition the patient. Prep and drape the ocular surface.

Description of Intra-Service Work: : Insert a lid speculum. Position the microscope. Make a side-port incision 45 to 90 degrees away from the intended site of the surgical incision. Fill the anterior chamber with a viscoelastic. Create a temporal multiplanar limbal/corneal incision into the anterior chamber. Make four additional 1-mm incisions at the limbus in order to place iris hooks in a diamond pattern around the eye. One by one, insert the iris hooks into the incisions and manipulate to retract the iris. Reposition the iris hooks in the areas of loose zonules to better support the iris and the capsule during subsequent steps of cataract removal.

Enter the eye through the main incision with a sharp bent needle to open the anterior capsule, followed by forceps to fashion a circular opening in the anterior capsule of the cataract. Insert a cannula into the eye to perform hydrodissection by injecting balanced salt solution between the lens cortex and capsule, loosening the nuclear and cortical layers of the lens in the process, while maintaining the integrity of the capsule. Hydrodelineate as needed by injecting balanced salt solution between the lens cortex and nucleus. Inject additional viscoelastic into the anterior chamber of the eye prior to phacoemulsification. Check the function of the phacoemulsification handpiece and the machine settings. Remove bubbles by tapping the handpiece with irrigation on. Insert the phacoemulsification tip into the eye and a second instrument through the side port incision.

Using both hands as well as the foot actuated phaco pedal, carefully perform phacoemulsification with simultaneous aspiration of the lens nuclear material. Rotate and dis-assemble the lens to avoid inadvertent trauma to the cornea, lens

capsule or iris. Add viscoelastic as needed to maintain a safe working space. Remove the phacoemulsification tip and the second instrument from the eye once all of the nuclear material has been removed. Introduce an irrigation and aspiration tip into the eye to aspirate the remainder of the cortical lens material. Then carefully vacuum and polish the interior surface of the thin lens capsule in an attempt to avoid future secondary membrane formation.

Assess the integrity of the capsule and zonules and determine how much additional support the capsular bag and intraocular lens (IOL) will require. Enlarge incisions and create scleral flaps as needed for the IOL and support system chosen. Insert and suture a capsular tension ring or segment as needed. While maintaining traction on the eye via the side port incision, insert the tip of the IOL injection device into the main incision and place the IOL in the eye. Once in the eye, allow the IOL to unfold without damage to the cornea. Properly position and center the IOL using a lens hook. Suture the IOL and/or capsular bag/zonular complex as needed. Remove the viscoelastic material from the anterior segment of the eye with an irrigation and aspiration handpiece. Remove the iris hooks one by one. Perform a peripheral iridectomy as necessary.

Inject a miotic drug into the anterior chamber to produce pupillary miosis as needed. Reform the eye with balanced salt solution and adjust the intraocular pressure to a physiologic range. Test the incisions for leaks. Suture any incisions that leak. Remove the lid speculum. Place an antibiotic ointment on the eye as necessary. Place a soft patch and a rigid shield on the operative eye.

Description of Post-Service Work: Immediate post-service work: Write post-operative orders and prescriptions for post-operative medications. Complete an operative report. Discuss the surgical procedure and post op instructions with the patient and family. Necessary follow up testing and exams as well as medications, activity and restrictions are reviewed. Communicate with the referring physician.

Postoperative visits: Patient is seen for a level 2 visit on day 1 to check visual acuity, intraocular pressure, incision integrity, and level of inflammation. The patient is seen again for dilated level 3 visits approximately 1 week, 2-4 weeks, and 6-8 weeks postoperatively to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, Parag Parekh, MD ASCRS		
Specialty Society(ies):	Ophthalmology		
CPT Code:	66982		
Sample Size:	1541	**Resp N:** 92	**Response:** 5.9 %
Description of Sample:	A random sample of members were pulled from the AAO, AGS and ASCRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	22.00	**40.00**	80.00	230.00
Survey RVW:	7.00	11.50	**12.89**	14.21	25.10
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.00**		
Intra-Service Time:	10.00	20.00	**30.00**	36.25	60.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**92.00**	99211x **0.00** 12x **0.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	66982	**Recommended Physician Work RVU: 10.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**7.00**	**15.00**	**-8.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**6.00**	**21.00**	**-15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**85.00**	99211x **0.00** 12x **1.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
67036	090	12.13	**RUC Time**

CPT Descriptor Vitrectomy, mechanical, pars plana approach;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65850	090	11.39	**RUC Time**

CPT Descriptor Trabeculotomy ab externo

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54437	090	11.50	**RUC Time**	51

CPT Descriptor 1 Repair of traumatic corporeal tear(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53850	090	10.08	**RUC Time**	4,253

CPT Descriptor 2 Transurethral destruction of prostate tissue; by microwave thermotherapy

Other Reference CPT Code	Global	Work RVU	Time Source
67110	090	10.25	**RUC Time**

CPT Descriptor Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)n

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 20.6 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 19.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 66982	Top Key Reference CPT Code: 67036	2nd Key Reference CPT Code: **65850**
Median Pre-Service Time	35.00	51.00	37.50
Median Intra-Service Time	30.00	50.00	60.00
Median Immediate Post-service Time	6.00	15.00	17.50
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	85.0	115.00	80.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**175.00**	**250.00**	**233.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	21%	47%	32%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	53%	26%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	74%	26%
Physical effort required	5%	69%	26%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	53%	47%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	28%	33%	28%	11%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	39%	28%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	28%	61%
Physical effort required	11%	61%	28%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	39%	39%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 66982, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine*
cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic

cyclophotocoagulation is being revalued as part of the family of cataract surgery codes associated with new CPT codes 66987 and 66988, which describe combined cataract surgery/endoscopic ciliary ablation procedures. The new codes were created because endoscopic ciliary ablation is performed over 75% of the time with cataract surgery. CPT 66982 was last valued by the RUC in 2012.

A random survey of American Academy of Ophthalmology, American Society of Cataract and Refractive Surgeons, and American Glaucoma Society members had 92 respondents, 91% of whom found the vignette to be typical. The median WRVU was 12.89 and the 25th percentile was 11.50. The median IST was 30 minutes. The survey showed four 99213 postoperative visits. The current work value of 66982 is 11.08 WRVU, with an IST of 33 minutes, two level 2 and two level 3 postoperative visits.

The expert panel of the AAO, ASCRS, and AGS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The key reference service comparisons proved problematic as only 21% of respondents chose the primary reference service, CPT 67036, *Vitrectomy, mechanical, pars plana approach* (RUC 2013), with a WRVU of 12.13, an IST of 50 minutes, and five level 3 postoperative visits. Only 20% of respondents chose CPT 65850, *Trabeculotomy ab externo* (RUC 2005), with 11.39 WRVU, an IST of 60 minutes, and five level 2 postoperative visits as a reference service. While respondents who ranked the intensity and complexity of the reference codes similar to that of the surveyed code, an almost equal number (17%) chose CPT 66179 *Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft* (RUC 2015), with 14.00 WRVU, an IST of 55 minutes, and 8 postoperative visits. Respondents ranked CPT 66179, which has a similar IWPUT as the top 2 reference codes, as lower in intensity and complexity than the surveyed code. As with the survey for CPT 66984, the panel believes that the low percentage of respondents who chose each reference service reflect the dissimilarity between cataract surgery and other intraocular procedures, and that respondents picked reference codes based primarily on similarity to their chosen work value estimates. That they ranked CPT 66982 as more intense than CPT 66179 (aqueous shunt, IWPUT 0.1156) but similar in intensity to CPT 67036 (vitrectomy, IWPUT 0.108) and CPT 65850 (trabeculectomy, IWPUT 0.111) highlights the inconsistency between the intensity/complexity metrics and the actual intensities of the reference codes, making it problematic to use the key reference services to compare complexity in this survey.

The panel agreed with the median IST of 30 minutes and the survey findings of four postoperative visits. However, the panel felt that rather than four 99213 visits as supported by the survey, the first postoperative visit should be a level 2, which is typical of the work associated with an undilated examination to check vision, pressure, incision integrity, and inflammation. The subsequent postoperative visits at 1 week, 2-4 weeks, and 6-8 weeks are all dilated level 3 visits to assess IOL position and presence of macular edema and peripheral retinal tears or detachments in addition to the portions of the exam that can be performed without dilation (checking vision, intraocular pressure, and status of the anterior segment of the eye). The Academy's Preferred Practice Pattern recommends dilated examinations in the postoperative period, specifically to assess for macular edema. The largest professional liability insurer of ophthalmologists (OMIC) emphasizes the importance of dilated examinations to their insureds because in their claims database, the most common missed diagnosis leading to claims is retinal detachment due to failure to perform a dilated examination. An additional visit compared to CPT 66984 is necessary in these patients with more complex eyes and greater degrees of inflammation and risk of lens implant dislocation and retinal disease. The increase in one of the postoperative visits from level 2 to level 3 compared to the current value of the code is also supported by the survey and is consistent with the typical postoperative course.

We chose pre-service package 3 (straightforward patient, difficult procedure) as these are complex cases with multiple potential variants of the procedure that may be necessary as the procedure develops, and these need to be re-reviewed by the surgeon and discussed with the patient immediately prior to surgery in the preoperative area. We reduced the package pre-service evaluation time from 33 minutes to match the survey time of 25 minutes, reduced the survey positioning time from 5 minutes to match the package time of 3 minutes, and reduced the package pre-service scrub, dress and wait time from 15 minutes to the survey time of 7 minutes.

This represents a 10-minute increase in pre-service time compared to the current value of the code, and is necessary because of the increased number of options for lens fixation that may arise during surgery and the need to discuss their potential effect on planned visual outcome. We used the survey post-service time median of 6 minutes, which is less than the 21 minutes of post-service time package 7B (local anesthesia, complex procedure) and a 4-minute decrease compared to the current value, and one-half of a 99238 for discharge day management. Total time for the procedure is 175 minutes, with an IST of 30 minutes.

Despite the 3-minute decrease in IST and 10-minute increase in total time, the panel felt that the overall work of the procedure was unchanged, and initially recommended maintaining the work value at 11.04 WRVU. The expert panel believes that cataract surgery has not decreased in intensity since last valued. It is almost entirely an intraocular procedure. Nearly all of the 30 minutes of IST is spent working inside the eye, where a miniscule error can result in a ruptured capsule with a dropped nucleus, leading to an increased risk of serious complications such as endophthalmitis or retinal detachment with permanent loss of vision. The lens capsule is less than 5 microns thick posteriorly. That thin, mobile membrane serves as the only barrier between an uncomplicated case and a complicated one. While those complications are uncommon, they are always only a few microns away and contribute to the technical skill requirements and intensity of the intraservice work. Cataract surgery has not become any less intense over the years and remains intense throughout the course of the procedure. If anything, the intensity of the work has increased over time as patient expectations for "perfect vision" after cataract surgery have become typical. However, there are no crosswalks to support this work value because of its high intensity. Further, the low number of respondents choosing each reference service and the inconsistency of their intensity rankings made use of the KRS problematic. The reviewers were concerned with these issues, and for that reason we sought pre-facilitation.

As a result of pre-facilitation, we have chosen a crosswalk to CPT 67110, *Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)* (RUC 2015), with 10.25 WRVU, 30 minutes IST and 196 minutes total time. Although somewhat shorter in total time due to fewer postoperative visits, the intraservice portion of CPT 66982 is of greater intensity than CPT 67110, making for a reasonable work value crosswalk. **We recommend a work value of 10.25 WRVU for CPT 66982, below the survey's 25th percentile value, crosswalked to CPT 67110, and with times of 35/30/6 and a total time of 175 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 245175
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation only

Specialty Ophthalmology Frequency 245175 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 163,451 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 163451 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Cataract removal/lens insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 66982

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66987 Tracking Number I3 Original Specialty Recommended RVU: **13.50**
Presented Recommended RVU: **13.15**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **13.15**

CPT Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female with a history of visually significant cataract and chronic glaucoma and that is not controlled by current therapy. Combined cataract removal, intraocular lens implantation, and treatment of the ciliary processes with endoscopic cyclophotocoagulation to reduce aqueous production is recommended. Iris hooks are needed to open the small pupil.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 23% , In the ASC 77%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient record and preoperative diagnostic testing. Discuss the planned procedure with the patient and obtain informed consent. Identify and mark the eye for surgery. Write preoperative orders for medications and pupillary dilation. Check adequacy of pupillary dilation. Perform a surgical time out. Administer sub-Tenon or retrobulbar anesthetic. Reposition the patient. Prep and drape the ocular surface. Check the settings of the photocoagulation unit and function of the light pipe.

Description of Intra-Service Work: Insert a lid speculum. Make a side-port incision remote from the anticipated surgical incision. Fill the anterior chamber with a viscoelastic. Create a temporal multiplanar limbal/corneal incision into the anterior chamber. Make four additional 1-mm incisions at the limbus in order to place iris hooks in a diamond pattern around the eye. One by one, insert the iris hooks into the incisions and manipulate to retract the iris. Reposition the iris hooks in the areas of loose zonules to better support the iris and the capsule during subsequent steps of cataract removal.

Use sharp bent needle and forceps to fashion an opening in the anterior capsule of the cataract. Perform hydrodissection by injecting fluid between the lens cortex and capsule, loosening the lens in the process. Hydrodelineate as needed by injecting fluid between the lens cortex and nucleus. Inject additional viscoelastic into the anterior chamber prior to phacoemulsification. Check the function of the phacoemulsification handpiece and the machine settings. Remove bubbles by tapping the handpiece with irrigation on. Insert the phacoemulsification tip into the eye. Perform phacoemulsification with simultaneous aspiration of the lens nuclear material. Rotate and dis-assemble the lens to avoid inadvertent trauma to the cornea, lens capsule or iris. Use the side-port incision to allow access for a second instrument to aid in the disassembly process. Remove the phacoemulsification tip from the eye once all of the nuclear material has been removed. Introduce an irrigation-aspiration tip into the eye to aspirate the remainder of the cortical lens material. Then carefully vacuum and polish the thin posterior lens capsule in an attempt to avoid future secondary membrane formation.

Assess the integrity of the capsule and zonules and determine how much additional support the capsular bag and intraocular lens (IOL) will require. Enlarge incisions and create scleral flaps as needed for the IOL and support system chosen. Insert and suture a capsular tension ring or segment as needed. Place the IOL in the eye using an injection device. Once in the eye, position and center the lens properly using a lens hook. Suture the IOL and/or capsular bag/zonular complex as needed.

Re-inject a small amount of viscoelastic into the anterior chamber, over the pupil and lens to protect the cornea. Then inject viscoelastic under the iris root for 180° to facilitate visualization of the ciliary body processes with the endoscope. Insert the endoscope/laser probe through the temporal incision viewing the nasal ciliary processes on the heads-up display across the bed from the operating microscope. While periodically viewing the position of the handpieces through the operating microscope, and continually having the OR staff manually adjusting and orienting the focus of the image on the endocyclophotocoagulation display from the lightpipe probe, coagulate the ciliary processes through the endoscope with the endpoint of shrinkage and whitening. Move the endoscope slowly in an arc allowing treatment of each individual process over an arc of 180° and remove the probe. Make a second corneal incision 90° away from the first or enlarge the prior side-port incision if it is properly positioned. Insert the endoscope/laser probe through this second incision and treat the contralateral ciliary processes to complete treatment of 270° to 360° of the processes. After completion of laser therapy, remove the viscoelastic material from the anterior segment of the eye with an irrigation and aspiration handpiece, with careful attention to remove viscoelastic trapped behind the iris. Confirm that the IOL remains in the proper position. Remove the iris hooks one by one. Perform a peripheral iridectomy as necessary.

Inject a miotic drug into the anterior chamber to produce pupillary miosis as needed. Inject a corticosteroid drug into the anterior chamber. Reform the eye with balanced salt solution. Test the incisions for leaks. Suture any incisions that leak. Remove the lid speculum. Place an antibiotic ointment on the eye as necessary. Place a soft patch and a rigid shield on the operative eye.

Description of Post-Service Work: Immediate post-service work: Write post-operative orders and prescriptions for post-operative medications. Complete an operative report. Discuss the surgical procedure and post op instructions with the patient and family. Necessary follow up testing and exams as well as medications, activity and restrictions are reviewed. Communicate with the referring physician.

Postoperative visits: Patient is seen for a level 2 visit on day 1 to check visual acuity, intraocular pressure, incision integrity, and level of inflammation. The patient is seen again for dilated level 3 visits approximately 1, 2, 3-4, 6-8, and 10-12 weeks postoperatively to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, Parag Parekh MD ASCRS		
Specialty Society(ies):	Ophthalmology		
CPT Code:	66987		
Sample Size:	1534	**Resp N:** 31	**Response:** 2.0 %
Description of Sample:	A random sample of members were pulled from the AAO, AGS and ASCRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	4.50	**19.00**	32.50	400.00
Survey RVW:	8.88	13.50	**14.88**	16.22	34.36
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	20.00	30.00	**36.00**	47.50	90.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**131.00**	99211x **0.00** 12x **1.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	66987	**Recommended Physician Work RVU: 13.15**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**36.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**21.00**	**-11.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**131.00**	99211x **0.00** 12x **1.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66179	090	14.00	**RUC Time**

CPT Descriptor Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65285	090	15.36	**RUC Time**

CPT Descriptor Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53440	090	13.36	**RUC Time**	930

CPT Descriptor 1 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	13.16	**RUC Time**	46,069

CPT Descriptor 2 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

Other Reference CPT Code	Global	Work RVU	Time Source
15115	090	11.28	**RUC Time**

CPT Descriptor Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 32.2 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 25.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 66987	Top Key Reference CPT Code: 66179	2nd Key Reference CPT Code: **65285**
Median Pre-Service Time	43.00	25.00	60.00
Median Intra-Service Time	36.00	55.00	90.00
Median Immediate Post-service Time	10.00	10.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	131.0	163.00	154.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**239.00**	**272.00**	**353.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	20%	60%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	30%	70%
Physical effort required	10%	40%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	38%	37%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	13%	87%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	0%	13%	87%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	87%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 66987, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation body destruction* is a new CPT code combining

complex cataract surgery and IOL surgery with endoscopic ciliary ablation for glaucoma because the latter procedure is performed over 75% of the time with cataract surgery. This procedure was previously reported with CPT 66982 and CPT 66711, and subject to the multiple procedure payment reduction.

A random survey of American Academy of Ophthalmology, American Society of Cataract and Refractive Surgeons, and American Glaucoma Society members had 31 respondents, 97% of whom found the vignette to be typical. The median WRVU was 14.88 and the 25th percentile was 13.50. The median IST was 36 minutes. The survey showed five 99213 and one 99212 postoperative visits.

The top key reference service, chosen by 32% of respondents, was CPT 66179, *Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft* (RUC 2014), with a WRVU of 14.00, an IST of 55 minutes, and five level 3 and three level 2 postoperative visits. The second reference service, chosen by 26% of respondents, was CPT 65285, *Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue* (RUC 2011), with a WRVU of 15.36, an IST of 90 minutes, and six level 3 and one level 2 postoperative visits. The respondents ranked the surveyed code as more intense and complex on all intensity and complexity measures compared to both key reference services.

The expert panel of the AAO, ASCRS, and AGS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The panel agreed with the median IST of 36 minutes and the number and level of postoperative visits. A level 2 visit is done on the first postoperative day to check vision, pressure, incision integrity, and level of inflammation. These patients typically have significantly greater than normal postoperative inflammation and unstable IOP due to the combined nature of the procedure with ciliary body ablation, as well as the potential for IOL dislocation, necessitating more frequent dilated examinations in the postoperative period than the standalone cataract (CPT 66982) or endocyclophotocoagulation (CPT 66711) procedures. Dilated level 3 examinations are typical at 1, 2, 3-4, 6-8, and 10-12 weeks postoperatively because of the need for detailed examination of the posterior retina for macular edema, the peripheral retina for tears or detachments, and the peripheral intraocular lens implant for decentration and stability.

We chose pre-service package 3 (straightforward patient, difficult procedure) as these are typically complex, difficult to operate eyes with miotic pupils. We reduced the package pre-service evaluation time from 33 minutes to match the survey time of 30 minutes, which is necessary to review the history and explain the multiple surgical options that may be taken during the procedure. We reduced the survey positioning time from 5 minutes to match the package time of 3 minutes, and reduced the package pre-service scrub, dress and wait time from 15 minutes to the survey time of 10 minutes. As with the standalone complex cataract procedure (CPT 66982), there are an increased number of options for lens fixation that may arise during surgery which must be reviewed by the physician and discussed with the patient to explain their potential effect on the expected length of the procedure and planned visual outcome. These patients also typically require a greater wait time after the anesthetic injection than cataract surgery or ciliary ablation cases done alone because the combined cases take longer and involve direct cauterization of sensitive uveal tissue, so longer acting drugs which take longer to take effect (e.g. bupivacaine) are typically employed. The physician typically does a personal check of the settings and function of the photocoagulation unit, monitor and light pipe prior to the incision. We used the survey post-service time median of 10 minutes, which is less than the 21 minutes of post-service time package 7B (local anesthesia, complex procedure), and one-half of a 99238 for discharge day management. Total time for the procedure is 239 minutes, with an IST of 36 minutes.

We were unable to find a high-quality crosswalk for the survey's 25th percentile work value of 13.50 WRVU. After pre-facilitation of the other codes in this family, we determined that a building block type method, based on the adding the difference in work value between CPT 66984 and CPT 66988 to the work value of CPT 66982, would most fairly and appropriately value 66987. The recommended work value of CPT 66984 is 7.35 WRVU and CPT 66988 is 10.25 WRVU. The difference of 2.90 WRVU represents the work of the added ciliary photoablation portion of the procedure. Adding this work value to the recommended value for complex cataract surgery alone (CPT 66982) yields a combined procedure work value of 13.15, slightly below the survey's 25th percentile. **We recommend a work value of 13.15 WRVU for CPT 66987, with times of 43/36/10 and a total time of 239 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 1500 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 1000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Cataract removal/lens insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 66982

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66984 Tracking Number I5 Original Specialty Recommended RVU: **8.04**
Presented Recommended RVU: **7.41**
Global Period: 090 Current Work RVU: **8.52** RUC Recommended RVU: **7.35**

CPT Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old female complains of vision problems. Examination reveals that a cataract in her right eye has progressed to the point of visual impairment. She has difficulty reading and recently failed a driving test.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 24% , In the ASC 73%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 96% , Overnight stay-less than 24 hours 4% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient record and preoperative diagnostic testing. Discuss the planned procedure with the patient and obtain informed consent. Identify and mark the eye for surgery. Write preoperative orders for medications and pupillary dilation. Check adequacy of pupillary dilation. Perform a surgical time out. Administer topical, sub-Tenon or retrobulbar anesthetic. Reposition the patient. Prep and drape the ocular surface.

Description of Intra-Service Work: : Insert a lid speculum. Position the microscope. Make a side-port incision 45 to 90 degrees away from the intended site of the surgical incision. Fill the anterior chamber with a viscoelastic. Create a temporal multiplanar limbal/corneal incision into the anterior chamber. Enter the eye through the main incision with a sharp bent needle to open the anterior capsule, followed by forceps to fashion a circular opening in the anterior capsule of the cataract. Insert a cannula into the eye to perform hydrodissection by injecting balanced salt solution between the lens cortex and capsule, loosening the nuclear and cortical layers of the lens in the process, while maintaining the integrity of the capsule. Hydrodelineate as needed by injecting fluid between the lens cortex and nucleus. Inject additional viscoelastic into the anterior chamber prior to phacoemulsification. Check the function of the phacoemulsification handpiece and the machine settings. Remove bubbles by tapping the handpiece with irrigation on. Insert the phacoemulsification tip into the eye and a second instrument through the side port incision. Using both hands and the foot actuated phaco pedal, carefully perform phacoemulsification with simultaneous aspiration of the lens nuclear material. Rotate and dis-assemble the lens to avoid inadvertent trauma to the cornea, lens capsule or iris. Add viscoelastic as needed to maintain a safe working space. Remove the phacoemulsification tip and second instrument from the eye. Introduce an irrigation and aspiration tip into the eye to aspirate the remainder of the cortical lens material. Then carefully vacuum and polish the interior surface of the thin lens capsule in an attempt to avoid future secondary membrane formation.

Adjust the size of the incision as needed to accommodate the intraocular lens (IOL). While maintaining traction on the eye via the side port incision, insert the tip of the IOL injection device into the main incision and place the IOL in the eye. Once in the eye, allow the IOL unfold without damage to the cornea. Properly position and center the IOL into the capsular bag using a lens hook.
Remove the viscoelastic material from the anterior segment of the eye with an irrigation and aspiration handpiece. Inject a miotic drug into the anterior chamber to produce pupillary miosis as needed. Reform the eye with balanced salt solution

and adjust the intraocular pressure to a physiologic range. Test the incisions for leaks. Suture any incisions that leak. Remove the lid speculum. Place an antibiotic ointment on the eye as necessary. Place a soft patch and a rigid shield on the operative eye.

Description of Post-Service Work: Immediate post-service work: Write post-operative orders and prescriptions for post-operative medications. Complete an operative report. Discuss the surgical procedure and post op instructions with the patient and family. Necessary follow up testing and exams as well as medications, activity and restrictions are reviewed. Communicate with the referring physician.

Postoperative visits: Patient is seen for a level 2 visit on day 1 to check visual acuity, intraocular pressure, incision integrity, and level of inflammation. The patient is seen again for dilated level 3 visits approximately 1 week and 1 month postoperatively to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	David Glasser, MD AAO, John McAllister, MD AAO and Parag Parekh, MD, ASCRS		
Specialty Society(ies):	Ophthalmology7		
CPT Code:	66984		
Sample Size:	1540	**Resp N:** 93	**Response:** 6.0 %
Description of Sample:	A random sample of members were pulle3d from the AAO, AGS and ASCRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	175.00	**300.00**	500.00	2100.00
Survey RVW:	5.00	10.10	**11.39**	12.40	22.00
Pre-Service Evaluation Time:			**24.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**6.00**		
Intra-Service Time:	9.00	15.00	**20.00**	23.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	66984	**Recommended Physician Work RVU: 7.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**13.00**	**13.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**18.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**62.00**	99211x **0.00** 12x **1.00** 13x **2.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65850	090	11.39	**RUC Time**

CPT Descriptor Trabeculotomy ab externo

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66184	090	9.58	**RUC Time**

CPT Descriptor Revision of aqueous shunt

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,231

CPT Descriptor 1 Orchiectomy, radical, for tumor; inguinal approach

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
67904	090	7.97	**RUC Time**	54,280

CPT Descriptor 2 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach

Other Reference CPT Code	Global	Work RVU	Time Source
67210	090	6.36	**RUC Time**

CPT Descriptor Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 20.4 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 66984	Top Key Reference CPT Code: 65850	2nd Key Reference CPT Code: **66184**
Median Pre-Service Time	20.00	37.50	25.00
Median Intra-Service Time	20.00	60.00	60.00
Median Immediate Post-service Time	5.00	17.50	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	62.0	80.00	140.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**126.00**	**233.00**	**254.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	26%	37%	37%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	26%	53%	21%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	16%	32%	52%
Physical effort required	16%	63%	21%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	32%	37%	31%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	28%	45%	22%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	55%	33%	11%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	17%	28%	55%
Physical effort required	50%	33%	16%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	39%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 66984, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), without endoscopic cyclophotocoagulation* is being revalued as part of the family of cataract surgery codes associated with new

CPT codes 66X01 and 66X02, which describe combined cataract surgery/endoscopic ciliary ablation procedures. The new codes were created because endoscopic ciliary ablation is performed over 75% of the time with cataract surgery. CPT 66984 was last valued by the RUC in 2012.

A random survey of American Academy of Ophthalmology, American Society of Cataract and Refractive Surgeons, and American Glaucoma Society members had 93 respondents, 99% of whom found the vignette to be typical. The median WRVU was 11.39 and the 25th percentile was 10.10. The median IST was 20 minutes. The survey showed three 99213 postoperative visits. The current work value of 66984 is 8.52 WRVU, with an IST of 21 minutes, two level 2 and two level 3 postoperative visits.

The expert panel of the AAO, ASCRS, and AGS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The key reference service comparisons proved problematic as only 20% chose the primary reference service, CPT 65850, *Trabeculotomy ab externo* (RUC 2005), with a WRVU of 11.39, an IST of 60 minutes, and five level 2 postoperative visits. Only 19% of respondents chose CPT 66184, *Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft* (RUC 2014), with 9.58 WRVU, 60 minutes IST, and 3 level 2 and 4 level 3 postop visits as a reference service. While respondents who ranked the intensity and complexity of the reference codes similar to that of the surveyed code, those who chose CPT 67210, *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation* (RUC 2010) as a reference ranked the surveyed code higher or much higher in intensity than the surveyed code. The wide distribution of choices among the RSL reflects the dissimilarity between cataract surgery and other intraocular procedures. The panel believes that the most popular RSL choices were made by respondents because their work values are close to the work values they selected by magnitude estimation for the surveyed code. The fact that respondents ranked CPT 66984 as more intense than CPT 67210 (IWPUT 0.199) but equal in intensity to CPT 65850 (IWPUT 0.111) and CPT 66184 (IWPUT 0.048) highlights the inconsistency between the intensity/complexity metrics and the actual intensities of the reference codes, making it problematic to use the key reference services to compare complexity in this survey.

The panel agreed with the survey median IST of 20 minutes (almost identical to the current value of 21 minutes) and the survey findings of three postoperative visits (one less than the current value). However, the panel felt that rather than three 99213 visits as supported by the survey, one 99212 and two 99213 visits more accurately reflected the work done in the postoperative period, with the level 2 visit representing the work associated with the typical one-day postop visit and the level 3 visits typical of the dilated exam performed at the second and final postop examinations. The subsequent examinations at approximately one week and one month need to include dilation to assess the macula in detail for presence of macular edema and the peripheral retina for tears or detachments. The Academy's Preferred Practice Pattern recommends dilated examinations in the postoperative period, specifically to assess for macular edema. The largest professional liability insurer of ophthalmologists (OMIC) emphasizes the importance of dilated examinations to their insureds because in their claims database, the most common missed diagnosis leading to claims is retinal detachment due to failure to perform a dilated examination

We chose pre-service package 1 (straightforward patient, straightforward procedure) with a total of 20 minutes, which is less than the survey median pre-service time of 35 minutes and 2 minutes less than the current pre-service time. We used the survey post-service time median of 5 minutes, which is less than the 18 minutes of post-service time package 7A (local anesthesia, straightforward procedure) and 2 minutes less than the current post-service time, and one-half of a 99238 for discharge day management. Total time for the procedure is 126 minutes, with an IST of 20 minutes.

We initially recommended a work value of 8.04, arrived at by a reverse building block method to subtract the work value of one less level 2 postoperative visit, as this is the only substantive change since the code was last surveyed.

As with CPT 66982, there are no crosswalks to support this work value because of its high intensity. As noted above, use of the KRS to support the intensity was problematic due to the low number choosing each reference service and the inconsistency of the intensity rankings. Nevertheless, respondents chose work values and times at a much higher IWPUT than the codes on the RSL. The expert panel believes that cataract surgery has not decreased in intensity since last valued. It is almost entirely an intraocular procedure. Nearly all of the 20 minutes of IST is spent working inside the eye, where a miniscule error can result in a ruptured capsule with a dropped nucleus, leading to an increased risk of serious complications such as endophthalmitis or retinal detachment with permanent loss of vision. The lens capsule is less than 5 microns thick posteriorly. That thin, mobile membrane serves as the only barrier between an uncomplicated case and a complicated one. While those complications are uncommon, they are always only a few microns away and contribute to the technical skill requirements and intensity of the intraservice work. Cataract surgery has not become any less intense over the years and remains intense throughout the course of the procedure. If anything, the intensity of the work has increased over time as patient expectations for "perfect vision" after cataract surgery have become typical.

While there have been examples of the RUC using reverse building block in the past (CPT 52341-52346, cystoscopy, where hospital visit values were removed with a change in site of service in 2008), the reviewers for this code were uncomfortable with that methodology. We therefore sought pre-facilitation meeting to discuss the valuation methodology.

As a result of pre-facilitation, we have chosen to use a crosswalk to CPT 67210, *Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation* (RUC 2010), which has 6.36 WRVU, a 15-minute IST, a total time of 106 minutes, and an IWPUT of 0.199. While a minority of those surveyed chose CPT 67210 as a reference code, those that did choose it ranked the intensity and complexity of the cataract code as greater or much greater. As an intraocular procedure, CPT 66984 is more intense than CPT 67210, which is an extraocular laser procedure.

The surveyed IST for CPT 66984 is 5 minutes longer than the IST of CPT 67210. By taking the 5-minute increment in IST and multiplying it by the current IWPUT of CPT 66984 at the time it was surveyed (0.210), we calculated a recommended work value for CPT 66984 that is 1.05 WRVU greater than the work value of CPT 67210, or 7.41 WRVU. **Therefore, our recommended work value for 66984 is 7.41 WRVU, well below the survey's 25th percentile, with times of 20/20/5 minutes and a total time of 126 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2,618,000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation only

Specialty Ophthalmology Frequency 2618000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,745,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation based on RUC database

Specialty Ophthalmology Frequency 1745000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Cataract removal/lens insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 66984

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:66988 Tracking Number I6 Original Specialty Recommended RVU: **11.08**
Presented Recommended RVU: **10.25**
Global Period: 090 Current Work RVU: RUC Recommended RVU: **10.25**

CPT Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male with a history of visually significant cataract and chronic glaucoma and that is not controlled by current therapy. Combined cataract removal, intraocular lens implantation and treatment of the ciliary processes to reduce aqueous production is recommended.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 26% , In the ASC 74%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient record and preoperative diagnostic testing. Discuss the planned procedure with the patient and obtain informed consent. Identify and mark the eye for surgery. Write preoperative orders for medications and pupillary dilation. Check adequacy of pupillary dilation. Perform a surgical time out. Administer sub-Tenon or retrobulbar anesthetic. Reposition the patient. Prep and drape the ocular surface. Check the settings of the photocoagulation unit and function of the light pipe.

Description of Intra-Service Work: Insert a lid speculum. Position the microscope. Make a side-port incision away from the intended site of the surgical incision. Fill the anterior chamber with a viscoelastic. Create a temporal multiplanar limbal/corneal incision into the anterior chamber. Use sharp bent needle and forceps to fashion an opening in the anterior capsule of the cataract. Perform hydrodissection by injecting fluid between the lens cortex and capsule, loosening the lens in the process. Hydrodelineate as needed by injecting fluid between the lens cortex and nucleus. Inject additional viscoelastic into the anterior chamber prior to phacoemulsification. Check the function of the phacoemulsification handpiece and the machine settings. Remove bubbles by tapping the handpiece with irrigation on. Insert the phacoemulsification tip into the eye. Perform phacoemulsification with simultaneous aspiration of the lens nuclear material. Rotate and dis-assemble the lens to avoid inadvertent trauma to the cornea, lens capsule or iris. Use the side-port incision to allow access for a second instrument to aid in the disassembly process. Remove the phacoemulsification tip from the eye. Introduce an irrigation-aspiration tip into the eye to aspirate the remainder of the cortical lens material. Then carefully vacuum and polish the thin posterior lens capsule in an attempt to avoid future secondary membrane formation.

Adjust the size of the incision as needed to accommodate the intraocular lens (IOL). Place the IOL in the eye using an injection device. Once in the eye, properly position and center the IOL using a lens hook.

Re-inject a small amount of viscoelastic into the anterior chamber, over the pupil and lens to protect the cornea. Then inject viscoelastic under the iris root for 180° to facilitate visualization of the ciliary body processes with the endoscope. Insert the endoscope/laser probe through the temporal incision viewing the nasal ciliary processes on the heads-up display across the bed from the operating microscope. While periodically viewing the position of the handpieces through the operating

microscope, and continually having the OR staff manually adjusting and orienting the focus of the image on the endocyclophotocoagulation display from the lightpipe probe, coagulate the ciliary processes through the endoscope with the endpoint of shrinkage and whitening. Move the endoscope slowly in an arc allowing treatment of each individual process over an arc of 180° and remove the probe. Make a second corneal incision 90° away from the first or enlarge the prior side-port incision if it is properly positioned. Insert the endoscope/laser probe through this second incision and treat the contralateral ciliary processes to complete treatment of 270° to 360° of the processes. After completion of laser therapy, remove the viscoelastic material from the anterior segment of the eye with an irrigation and aspiration handpiece, with careful attention to remove viscoelastic trapped behind the iris. Confirm that the IOL remains in the proper position. Remove the iris hooks one by one. Perform a peripheral iridectomy as necessary.

Inject a miotic drug into the anterior chamber to produce pupillary miosis as needed. Inject a corticosteroid drug into the anterior chamber. Reform the eye with balanced salt solution. Test the incisions for leaks. Suture any incisions that leak. Remove the lid speculum. Place an antibiotic ointment on the eye as necessary. Place a soft patch and a rigid shield on the operative eye.

Description of Post-Service Work: Immediate post-service work: Write post-operative orders and prescriptions for post-operative medications. Complete an operative report. Discuss the surgical procedure and post op instructions with the patient and family. Necessary follow up testing and exams as well as medications, activity and restrictions are reviewed. Communicate with the referring physician.

Postoperative visits: Patient is seen for a level 2 visit on day 1 to check visual acuity, intraocular pressure, incision integrity, and level of inflammation. The patient is seen again for dilated level 3 visits approximately 1, 2, 4, and 6-8 weeks postoperatively to check visual acuity, intraocular pressure, incision integrity, corneal clarity, level of inflammation, and detailed examination of the central retina for cystoid macular edema and peripheral retina for tears or detachments.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, Parag Parekh, MD ASCRS		
Specialty Society(ies):	Ophthalmology		
CPT Code:	66988		
Sample Size:	1535	**Resp N:** 31	**Response:** 2.0 %
Description of Sample:	A random sample of members were pulled from the AAO, AGS and ASCRS databases.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	7.50	**25.00**	50.00	400.00
Survey RVW:	7.30	11.08	**13.95**	14.93	28.00
Pre-Service Evaluation Time:			**25.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	12.00	25.00	**30.00**	40.00	100.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.50** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**115.00**	99211x **0.00** 12x **0.00** 13x **5.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	66988	**Recommended Physician Work RVU: 10.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**33.00**	**-8.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7B Local/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**21.00**	**-14.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**108.00**	99211x **0.00** 12x **1.00** 13x **4.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
66179	090	14.00	**RUC Time**

CPT Descriptor Aqueous shunt eye w/o graftAqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
65285	090	15.36	**RUC Time**

CPT Descriptor Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53850	090	10.08	**RUC Time**	4,253

CPT Descriptor 1 Transurethral destruction of prostate tissue; by microwave thermotherapy

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54437	090	11.50	**RUC Time**	51

CPT Descriptor 2 Repair of traumatic corporeal tear(s)

Other Reference CPT Code	Global	Work RVU	Time Source
67110	090	10.25	**RUC Time**

CPT Descriptor Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 25.8 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 66988	**Top Key Reference CPT Code:** 66179	**2nd Key Reference CPT Code:** **65285**
Median Pre-Service Time	38.00	25.00	60.00
Median Intra-Service Time	30.00	55.00	90.00
Median Immediate Post-service Time	7.00	10.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	19.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	108.0	163.00	154.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**202.00**	**272.00**	**353.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	63%	25%	12%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	37%	63%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%

Physical effort required	0%	63%	37%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	33%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	17%	83%
Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 66988, *Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or*

phacoemulsification); with endoscopic cyclophotocoagulation is a new CPT code combining cataract and IOL surgery with endoscopic ciliary ablation for glaucoma because the latter procedure is performed over 75% of the time with cataract surgery. This procedure was previously reported with CPT 66984 and CPT 66711, and subject to the multiple procedure payment reduction.

A random survey of American Academy of Ophthalmology, American Society of Cataract and Refractive Surgeons, and American Glaucoma Society members had 31 respondents, 97% of whom found the vignette to be typical. The median WRVU was 13.95 and the 25th percentile was 11.08. The median IST was 30 minutes. The survey showed five 99213 postoperative visits. The top key reference service, chosen by 26% of respondents, was CPT 66179, *Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft* (RUC 2014), with a WRVU of 14.00, an IST of 55 minutes, and five level 3 and three level 2 postoperative visits. The second reference service, chosen by 19% of respondents, was CPT 65285, *Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue* (RUC 2011), with a WRVU of 15.36, an IST of 90 minutes, and six level 3 and one level 2 postoperative visits. The respondents ranked the surveyed code as similar or more intense and complex on the intensity and complexity measures compared to the key reference services.

The expert panel of the AAO, ASCRS, and AGS, which is familiar with the procedure and the RUC process, reviewed the survey findings. The panel agreed with the median IST of 30 minutes and 5 postoperative visits. These patients typically have significantly greater than normal postoperative inflammation and unstable IOP due to the ciliary body ablation, necessitating frequent dilated examinations in the postoperative period to check for macular edema and peripheral retinal tears or detachments. However, the panel felt that rather than five 99213 visits as supported by the survey, the first postoperative visit should be a level 2, which is typical of the work associated with an undilated examination to check vision, pressure, incision integrity, and inflammation. As with the standalone ciliary photoablation procedure (CPT 67111), the subsequent postoperative visits at 1, 2, 4 and 6-8 weeks are all dilated level 3 visits to assess IOL position and presence of macular edema and peripheral retinal tears or detachments in addition to the portions of the exam that can be performed without dilation (checking vision, intraocular pressure, and status of the anterior segment of the eye).

We chose pre-service package 3 (straightforward patient, difficult procedure) as these are complex combined cases. We reduced the package pre-service evaluation time from 33 minutes to match the survey time of 25 minutes, which is necessary to review the prior history and explain the multiple surgical options that may be taken during the procedure. There is a risk of dislocating the lens implant during the ciliary ablation portion of the procedure, and the options to fixate the lens should that occur and its implications for planned outcome must be reviewed with the patient. We reduced the survey positioning time from 5 minutes to match the package time of 3 minutes, and reduced the package pre-service scrub, dress and wait time from 15 minutes to the survey time of 10 minutes. These patients typically require a greater wait time after the anesthetic injection than cataract surgery or ciliary ablation cases done alone because the combined cases take longer and involve direct cauterization of sensitive uveal tissue, so longer acting drugs which take longer to take effect (e.g. bupivacaine) are typically employed. The physician typically does a personal check of the settings and function of the photocoagulation unit and monitor and function of the light pipe prior to the incision. We used the survey post-service time median of 7 minutes, which is less than the 21 minutes of post-service time package 7B (local anesthesia, complex procedure), and one-half of a 99238 for discharge day management. Total time for the procedure is 202 minutes, with an IST of 30 minutes.

We were unable to find an adequate crosswalk for our initial recommendation of the survey's 25th percentile work value of 11.08. After pre-facilitation, we concluded that a crosswalk to CPT 67110, *Repair of retinal*

detachment; by injection of air or other gas (eg, pneumatic retinopexy) (RUC 2015), with 10.25 WRVU, 30 minutes IST and 196 minutes total time was appropriate. CPT 669871 has 1 less postoperative visit but more pre-time, and a greater portion of the procedure involves high-intensity intraocular manipulations compared to

CPT 67110. **Therefore, we are recommending a work value for CPT 66988 of 10.25 WRVU, below the survey's 25th percentile, with times of 38/30/7 and a total time of 202 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. N/A

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 12000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 12000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,000
If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. Estimation Only

Specialty Ophthalmology Frequency 8000 Percentage 100.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Eye procedure

BETOS Sub-classification Level II:
Cataract removal/lens insertion

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 66984

SS Rec Summary

ISSUE: Cyclophotocoagulation

TAB: 11

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	npt/sam 38	npt/sam 39	Office 13	Office 12	Office 11
1st REF	67210	Destruction of localized lesion of retina (eg, macular edema,		0.1991			6.36			106	10	5	2			15			5			3		
2nd REF	66185	Revision of aqueous shunt to extraocular equatorial plate		0.0601			10.58			259	19	1	5			65			10	0.5		4	3	
CURRENT	66711	Ciliary body destruction; cyclophotocoagulation,		0.0763			7.93			192	10	5	10			30			10	0.5		4	1	
SVY	66711	Ciliary body destruction; cyclophotocoagulation,	40	0.1533	6.00	7.85	9.01	10.69	75.00	193	25	5	6	8	15	20	20	60	10	0.5		4	1	
REC	**66711**	**Ciliary body destruction; cyclophotocoagulation, endoscopic**	**40**	**0.0230**			**6.36**			**191**	**25**	**3**	**6**			**20**			**10**	**0.5**		**4**	**1**	
XWALK	67210	Destruction of localized lesion of retina (eg, macular edema		0.1991			6.36			106	10	5	2			15			5			3		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	npt/sam 38	npt/sam 39	Office 13	Office 12	Office 11
1st REF	67036	Vitrectomy, mechanical, pars plana approach;		0.1075			12.13			250	33	3	15			50			15	0.5		5		
2nd REF	65850	Trabeculotomy ab externo		0.1109			11.39			233	15	10	12.5			60			17.5	1.0			5	
CURRENT	66982	Extracapsular cataract removal with insertion of intraocular lens		0.2069			11.08			165	19	1	5			33			10	0.5		2	2	
SVY	66982	Extracapsular cataract removal with insertion of intraocular lens	92	0.2502	7.00	11.50	12.89	14.21	25.10	184	25	5	7	10	20	30	36	60	6	0.5		4		
REC	**66982**	**Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage**		**0.1801**			**10.25**			**175**	**25**	**3**	**7**			**30**			**6**	**0.5**		**3**	**1**	
XWALK	67110	Repair of retinal detachment; by injection of air or other gas (eg,		0.1291			10.25			196	12	1	5			30			10			6		

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	npt/sam 38	npt/sam 39	Office 13	Office 12	Office 11
1st REF	66179	Aqueous shunt to extraocular equatorial plate reservoir, external		0.1156			14.00			272	19	1	5			55			10	0.5		5	3	
2nd REF	65285	Repair of laceration; cornea and/or sclera, perforating, with		0.0743			15.36			353	30	10	20			90			30	0.5		6	1	
CURRENT	None	66982 + 66711 with MPPR					15.05			0														
SVY	66987	Extracapsular cataract removal with insertion of intraocular lens	31	0.2173	8.88	13.50	14.88	16.22	34.36	241	30	5	10	20	30	36	48	90	10	0.5		5	1	
REC	**66987**	**Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage**		**0.1704**			**13.15**			**239**	**30**	**3**	**10**			**36**			**10**	**0.5**		**5**	**1**	

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	npt/sam 38	npt/sam 39	Office 13	Office 12	Office 11

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	Z	AA	AH	AI	AJ
44	1st REF	N/A																							
45	2nd REF	N/A																							
46	CURRENT	66983	Intracapsular cataract extraction with insertion of intraocular lens		0.0984			10.43			207.5	22		15			52			15			4.5		
47	SVY	N/A																							
48	**REC**	**66983**	**Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**			**Contractor Price**																			
49																									
50																									
51	**Source**	**CPT**	**DESC**	**Resp**	**IWPUT**	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	**POST**	**38**	**39**	**13**	**12**	**11**
52	1st REF	65850	Trabeculotomy ab externo		0.1109			11.39			233	15	10	12.5			60			17.5	1.0			5	
53	2nd REF	66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft		0.0485			9.58			254	19	1	5			60			10	0.5		4	3	
54	CURRENT	66984	Extracapsular cataract removal with inser		0.2096			8.52			147	16	1	5			21			7	0.5		2	2	
55	SVY	66984	Extracapsular cataract removal wit	93	0.3515	5.00	10.10	11.39	12.40	22.00	148	24	5	6	9	15	20	23	60	5	0.5		3		
56	**REC**	**66984**	**Extracapsular cataract removal with in**		**0.1908**	**7.35**					**126**	**13**	**1**	**6**			**20**			**5**	**0.5**		**2**	**1**	
57	COMP	67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions;		0.1991	6.36					106	10	5	2	15					5			3		
58																									
59						**RVW**					**Total**	**PRE-TIME**			**INTRA-TIME**					**IMMD**	**npt/sam**		**Office**		
60	**Source**	**CPT**	**DESC**	**Resp**	**IWPUT**	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	**POST**	**38**	**39**	**13**	**12**	**11**
61	1st REF	66179	Aqueous shunt to extraocular equatorial plate reservoir, external		0.1156			14.00			272	19	1	5			55			10	0.5		5	3	
62	2nd REF	65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue		0.0743			15.36			353	30	10	20			90			30	0.5		6	1	
63	CURRENT	None	66984 + 66711 with MPPR					12.49			0														
64	SVY	66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure),	31	0.2517	7.30	11.08	13.95	14.93	28.00	211	25	5	10	12	25	30	40	100	7	0.5		5		
65	**REC**	**66988**	**Extracapsular cataract removal with in**		**0.1462**	**10.25**					**202**	**25**	**3**	**10**			**30**			**7**	**0.5**		**4**	**1**	
66	**XWALK**	67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)		0.1291	10.25					196	12	1	5			30			10			6		

CPT Code: 66711
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens

Global Period: 090 Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **N/A**

3. Is this code(s) typically billed with an E/M service? **No**

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Exam lane: Standard office visit formula used.
    Screening lane: Standard office visit formula used.

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

13. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

14. Please include an explanation of each line item:

    15 – Standard facility time input for completing pre-service diagnostic and referral forms
    16 – Standard facility time input for coordinating pre-surgery services
    17 – Standard facility time input for scheduling space and equipment in the facility
    18 – Standard facility time input for providing pre-service education/obtaining consent
    19 – Standard facility time input for completing pre-procedure phone calls and prescription
    74 – Standard facility time input for discharge day management
    88 – Typical number of 99212 post-op visits as demonstrated by RUC-approved survey
    89 – Typical number of 99213 post-op visits as demonstrated by RUC-approved survey
    102 – Ophthalmology visit pack with dilation for 99213 post-op visits
    103 – Ophthalmology visit pack without dilation for 99212 post-op visits

CPT Code: 66982
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation

Global Period: 090 Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Existing code used as reference.**

3. Is this code(s) typically billed with an E/M service? **No**

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **Post-operative visits were updated according to current practice patterns as demonstrated by the RUC-approved survey results. Standard times for visits were applied.**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Exam lane: Standard office visit formula used.
    Screening lane: Standard office visit formula used.

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

13. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

14. Please include an explanation of each line item:

    15 – Standard facility time input for completing pre-service diagnostic and referral forms
    16 – Standard facility time input for coordinating pre-surgery services
    17 – Standard facility time input for scheduling space and equipment in the facility
    18 – Standard facility time input for providing pre-service education/obtaining consent
    19 – Standard facility time input for completing pre-procedure phone calls and prescription
    74 – Standard facility time input for discharge day management
    88 – Typical number of 99212 post-op visits as demonstrated by RUC-approved survey
    89 – Typical number of 99213 post-op visits as demonstrated by RUC-approved survey
    102 – Ophthalmology visit pack with dilation for 99213 post-op visits
    103 – Ophthalmology visit pack without dilation for 99212 post-op visits

CPT Code: 66987
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation

Global Period: 090 Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **This new code will represent when the current 66711 and 66982 are performed together. 66711 is the primary reference, but both 66711 and 66982 are listed in parallel on the excel sheet for reference.**

3. Is this code(s) typically billed with an E/M service? **No.**

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **There is no current total cost for a combined code. However, the proposed total cost is marginally higher than either of the two individual current codes, exclusively because when the two codes are done in combination, there is typically one extra post-operative visit, as demonstrated by the RUC-approved survey.**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Exam lane: Standard office visit formula used.
    Screening lane: Standard office visit formula used.

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

13. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

14. Please include an explanation of each line item:

    15 – Standard facility time input for completing pre-service diagnostic and referral forms
    16 – Standard facility time input for coordinating pre-surgery services
    17 – Standard facility time input for scheduling space and equipment in the facility
    18 – Standard facility time input for providing pre-service education/obtaining consent
    19 – Standard facility time input for completing pre-procedure phone calls and prescription
    74 – Standard facility time input for discharge day management
    88 – Typical number of 99212 post-op visits as demonstrated by RUC-approved survey
    89 – Typical number of 99213 post-op visits as demonstrated by RUC-approved survey
    102 – Ophthalmology visit pack with dilation for 99213 post-op visits
    103 – Ophthalmology visit pack without dilation for 99212 post-op visits

CPT Code: 66984
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation

Global Period: 090 Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Existing code used as reference.**

3. Is this code(s) typically billed with an E/M service? **No**

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Exam lane: Standard office visit formula used.
    Screening lane: Standard office visit formula used.

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

13. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

14. Please include an explanation of each line item:

    15 – Standard facility time input for completing pre-service diagnostic and referral forms
    16 – Standard facility time input for coordinating pre-surgery services
    17 – Standard facility time input for scheduling space and equipment in the facility
    18 – Standard facility time input for providing pre-service education/obtaining consent
    19 – Standard facility time input for completing pre-procedure phone calls and prescription
    74 – Standard facility time input for discharge day management
    88 – Typical number of 99212 post-op visits as demonstrated by RUC-approved survey
    89 – Typical number of 99213 post-op visits as demonstrated by RUC-approved survey
    102 – Ophthalmology visit pack with dilation for 99213 post-op visits
    103 – Ophthalmology visit pack without dilation for 99212 post-op visits

CPT Code: 66988
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

Global Period: 090 Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **This new code will represent when the current 66711 and 66984 are performed together. 66711 is the primary reference, but both 66711 and 66984 are listed in parallel on the excel sheet for reference.**

3. Is this code(s) typically billed with an E/M service? **No.**

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **There is no current total cost for a combined code. The total cost of this proposed code does not exceed that of 66711.**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Exam lane: Standard office visit formula used.
    Screening lane: Standard office visit formula used.

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

13. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

14. Please include an explanation of each line item:

    15 – Standard facility time input for completing pre-service diagnostic and referral forms
    16 – Standard facility time input for coordinating pre-surgery services
    17 – Standard facility time input for scheduling space and equipment in the facility
    18 – Standard facility time input for providing pre-service education/obtaining consent
    19 – Standard facility time input for completing pre-procedure phone calls and prescription
    74 – Standard facility time input for discharge day management
    88 – Typical number of 99212 post-op visits as demonstrated by RUC-approved survey
    89 – Typical number of 99213 post-op visits as demonstrated by RUC-approved survey
    102 – Ophthalmology visit pack with dilation for 99213 post-op visits
    103 – Ophthalmology visit pack without dilation for 99212 post-op visits

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**66982**		**66982**	
3		***RUC Collaboration Website***				Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (1 stage		Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (1 stage	
4	**Clinical Activity Code**	**Meeting Date: RUC January 2019 Tab: 11 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**90**		**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 95.07**	**$ -**	**$ 99.58**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COTR	0.38	**0.0**	**192.0**	**0.0**	**201.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COTR	0.38	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COTR	0.38	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COTR	0.38	**0.0**	**126.0**	**0.0**	**135.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 72.96**	**$ -**	**$ 76.38**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery or procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L038A	COMT/COTR	0.38		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L038A	COMT/COTR	0.38		20		20
17	CA003	Schedule space and equipment in facility	L038A	COMT/COTR	0.38		8		8
18	CA004	Provide pre-service education/obtain consent	L038A	COMT/COTR	0.38		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L038A	COMT/COTR	0.38		7		7
20	CA006	Confirm availability of prior images/studies	L038A	COMT/COTR	0.38				
21	CA007	Review patient clinical extant information and questionnaire	L038A	COMT/COTR	0.38				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L038A	COMT/COTR	0.38				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L038A	COMT/COTR	0.38				
34	CA010	Obtain vital signs	L038A	COMT/COTR	0.38				
35	CA011	Provide education/obtain consent	L038A	COMT/COTR	0.38				
36	CA012	Review requisition, assess for special needs	L038A	COMT/COTR	0.38				
37	CA013	Prepare room, equipment and supplies	L038A	COMT/COTR	0.38				
38	CA014	Confirm order, protocol exam	L038A	COMT/COTR	0.38				
39	CA015	Setup scope (nonfacility setting only)	L038A	COMT/COTR	0.38				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L038A	COMT/COTR	0.38				
41	CA017	Sedate/apply anesthesia	L038A	COMT/COTR	0.38				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---direct\ prolstad to physician work time (100%)	L038A	COMT/COTR	0.38				
50	CA019	Assist physician or other qualified healthcare professional---direct\ prolstad to physician work time (67%)	L038A	COMT/COTR	0.38				
51	CA020	Assist physician or other qualified healthcare professional---direct\ prolstad to physician work time (33%)	L038A	COMT/COTR	0.38				
52	CA021	Perform procedure/service--NOT directly related to physician work time	L038A	COMT/COTR	0.38				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L038A	COMT/COTR	0.38				
61	CA023	Monitor patient following procedure/service, no multitasking	L038A	COMT/COTR	0.38				
62	CA024	Clean room/equipment by clinical staff	L038A	COMT/COTR	0.38				
63	CA025	Clean scope	L038A	COMT/COTR	0.38				
64	CA026	Clean surgical instrument package	L038A	COMT/COTR	0.38				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L038A	COMT/COTR	0.38				

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**66982**		**66982**	
3		***RUC Collaboration Website***				Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (1 stage		Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (1 stage	
4	**Clinical Activity Code**	**Meeting Date: RUC January 2019 Tab: 11 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**90**		**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 95.07**	**$ -**	**$ 99.58**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COTR NCST	0.38	**0.0**	**192.0**	**0.0**	**201.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COTR NCST	0.38	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COTR NCST	0.38	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COTR NCST	0.38	**0.0**	**126.0**	**0.0**	**135.0**
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L038A	COMT/COTR NCST	0.38				
67	CA029	Check dressings, catheters, wounds	L038A	COMT/COTR NCST	0.38				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L038A	COMT/COTR NCST	0.38				
69	CA031	Review examination with interpreting MD/DO	L038A	COMT/COTR NCST	0.38				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to prompt regulatory mandated quality assurance activity (service period)	L038A	COMT/COTR NCST	0.38				
71	CA033	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L038A	COMT/COTR NCST	0.38				
72	CA034	Review home care instructions, coordinate visits/prescriptions	L038A	COMT/COTR NCST	0.38				
73	CA035	Discharge day management	L038A	COMT/COTR NCST	0.38				
74	CA036	**End: Patient leaves office**	L038A	COMT/COTR NCST	0.38	**n/a**	**6**	**n/a**	**6**
81		**POST-SERVICE PERIOD**							
82		**Start: Patient leaves office/facility**							
83		Conduct patient communications	L038A	COMT/COTR NCST	0.38				
84	CA037	Coordinate post-procedure services	L038A	COMT/COTR NCST	0.38				
85	CA038	***Office visits: List Number and Level of Office Visits***	**MINUTE**			**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16						
87		99212 27 minutes	27				2		1
88		99213 36 minutes	36				2		3
89		99214 53 minutes	53						
90		99215 63 minutes	63						
91		Post-operative visits (total time)	L038A	COMT/COTR NCST	0.38	**0.0**	**126.0**	**0.0**	**135.0**
92	CA039	**End: with last office visit before end of global period**							
99									

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**66982**		**66982**	
3		***RUC Collaboration Website***				Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (1 stage		Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (1 stage	
4	**Clinical Activity Code**	**Meeting Date: RUC January 2019 Tab: 11 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**90**		**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 95.07**	**$ -**	**$ 99.58**
8		**TOTAL CLINICAL STAFF TIME**	L038A	~~COMT/COTA~~	0.38	**0.0**	**192.0**	**0.0**	**201.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	~~COMT/COTA~~	0.38	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	~~COMT/COTA~~	0.38	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	~~COMT/COTA~~	0.38	**0.0**	**126.0**	**0.0**	**135.0**
100	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 8.09**	**$ -**	**$ 8.99**
102	SA082	pack, ophthalmology visit (w-dilation)	2.4752	pack			2		3
103	SA050	pack, ophthalmology visit (no dilation)	1.5688	pack			2		1
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 14.02**	**$ -**	**$ 14.20**
112	EL005	lane, exam (oph)	33811.17		0.10619106		132		108
113	EL006	lane, screening (oph)	32267.05		0.10134142				27
114									
115									
116									
117									
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*							

	A	B	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**66984**		**66984**		**66711**		**66711**		**66987**		**66988**	
3		***RUC Collaboration Website***	Extracapsular cataract extraction w/ insertion of intraocular lens prosthesis (1 stage		Extracapsular cataract extraction w/ insertion of intraocular lens prosthesis (1 stage		Ciliary body destruction; cyclophotocoagulation, endoscopic		Ciliary body destruction; cyclophotocoagulation, endoscopic		Combined ECP and Complex Cataract surgery		Combined ECP and Cataract surgery	
4	**Clinical Activity Code**	**Meeting Date: RUC January 2019 Tab: 11 Specialty: AAO**												
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**90**		**90**		**90**		**90**		**90**		**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 95.07**	**$ -**	**$ 79.60**	**$ -**	**$ 120.59**	**$ -**	**$ 119.56**	**$ -**	**$ 139.54**	**$ -**	**$ 119.56**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**192.0**	**0.0**	**165.0**	**0.0**	**237.0**	**0.0**	**237.0**	**0.0**	**273.0**	**0.0**	**237.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**126.0**	**0.0**	**99.0**	**0.0**	**171.0**	**0.0**	**171.0**	**0.0**	**207.0**	**0.0**	**171.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 72.96**	**$ -**	**$ 62.70**	**$ -**	**$ 90.06**	**$ -**	**$ 90.06**	**$ -**	**$ 103.74**	**$ -**	**$ 90.06**
13		**PRE-SERVICE PERIOD**												
14		**Start: Following visit when decision for surgery or procedure ma**												
15	CA001	Complete pre-service diagnostic and referral forms		5		5		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)		20		20		20		20		20		20
17	CA003	Schedule space and equipment in facility		8		8		8		8		8		8
18	CA004	Provide pre-service education/obtain consent		20		20		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription		7		7		7		7		7		7
20	CA006	Confirm availability of prior images/studies												
21	CA007	Review patient clinical extant information and questionnaire												
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)												
29		**End: When patient enters office/facility for surgery/procedure**												
30		**SERVICE PERIOD**												
31		**Start: When patient enters office/facility for surgery/procedure:**												
32		**Pre-Service (of service period)**												
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available												
34	CA010	Obtain vital signs												
35	CA011	Provide education/obtain consent												
36	CA012	Review requisition, assess for special needs												
37	CA013	Prepare room, equipment and supplies												
38	CA014	Confirm order, protocol exam												
39	CA015	Setup scope (nonfacility setting only)												
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient												
41	CA017	Sedate/apply anesthesia												
48		**Intra-service (of service period)**												
49	CA018	Assist physician or other qualified healthcare professional---dissect, protect, retract, irrigate, suture, time (100%)												
50	CA019	Assist physician or other qualified healthcare professional---dissect, protect, retract, irrigate, suture, time (67%)												
51	CA020	Assist physician or other qualified healthcare professional---dissect, protect, retract, irrigate, suture, time (other%)												
52	CA021	Perform procedure/service--NOT directly related to physician work time												
59		**Post-Service (of service period)**												
60	CA022	Monitor patient following procedure/service, multitasking 1:4												
61	CA023	Monitor patient following procedure/service, no multitasking												
62	CA024	Clean room/equipment by clinical staff												
63	CA025	Clean scope												
64	CA026	Clean surgical instrument package												
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions												

	A	B	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**66984**		**66984**		**66711**		**66711**		**66987**		**66988**	
3		***RUC Collaboration Website***	Extracapsular cataract extraction w/ insertion of intraocular lens prosthesis (1 stage		Extracapsular cataract extraction w/ insertion of intraocular lens prosthesis (1 stage		Ciliary body destruction; cyclophotocoagulation, endoscopic		Ciliary body destruction; cyclophotocoagulation, endoscopic		Combined ECP and Complex Cataract surgery		Combined ECP and Cataract surgery	
4	**Clinical Activity Code**	**Meeting Date: RUC January 2019 Tab: 11 Specialty: AAO**												
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**90**		**90**		**90**		**90**		**90**		**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 95.07**	**$ -**	**$ 79.60**	**$ -**	**$ 120.59**	**$ -**	**$ 119.56**	**$ -**	**$ 139.54**	**$ -**	**$ 119.56**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**192.0**	**0.0**	**165.0**	**0.0**	**237.0**	**0.0**	**237.0**	**0.0**	**273.0**	**0.0**	**237.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**126.0**	**0.0**	**99.0**	**0.0**	**171.0**	**0.0**	**171.0**	**0.0**	**207.0**	**0.0**	**171.0**
66	CA028	Review/read post-procedure x-ray, lab and pathology reports												
67	CA029	Check dressings, catheters, wounds												
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page												
69	CA031	Review examination with interpreting MD/DO												
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to annotate imaging into work queue												
71	CA033	To annotate regulatory mandated quality assurance activity (service period)												
72	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)												
73	CA035	Review home care instructions, coordinate visits/prescriptions												
74	CA036	Discharge day management	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**
81		**End: Patient leaves office**												
82		**POST-SERVICE PERIOD**												
83		**Start: Patient leaves office/facility**												
84	CA037	Conduct patient communications												
85	CA038	Coordinate post-procedure services												
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes												
88		99212 27 minutes		2		1		1		1		1		1
89		99213 36 minutes		2		2		4		4		5		4
90		99214 53 minutes												
91		99215 63 minutes												
92	CA039	Post-operative visits (total time)	**0.0**	**126.0**	**0.0**	**99.0**	**0.0**	**171.0**	**0.0**	**171.0**	**0.0**	**207.0**	**0.0**	**171.0**
99		**End: with last office visit before end of global period**												

	A	B	M	N	O	P	Q	R	S	T	U	V	W	X
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**66984**		**66984**		**66711**		**66711**		**66987**		**66988**	
3		***RUC Collaboration Website***	Extracapsular cataract extraction w/ insertion of intraocular lens prosthesis (1 stage		Extracapsular cataract extraction w/ insertion of intraocular lens prosthesis (1 stage		Ciliary body destruction; cyclophotocoagulation, endoscopic		Ciliary body destruction; cyclophotocoagulation, endoscopic		Combined ECP and Complex Cataract surgery		Combined ECP and Cataract surgery	
4	**Clinical Activity Code**	**Meeting Date: RUC January 2019 Tab: 11 Specialty: AAO**												
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**90**		**90**		**90**		**90**		**90**		**90**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 95.07**	**$ -**	**$ 79.60**	**$ -**	**$ 120.59**	**$ -**	**$ 119.56**	**$ -**	**$ 139.54**	**$ -**	**$ 119.56**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**192.0**	**0.0**	**165.0**	**0.0**	**237.0**	**0.0**	**237.0**	**0.0**	**273.0**	**0.0**	**237.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**126.0**	**0.0**	**99.0**	**0.0**	**171.0**	**0.0**	**171.0**	**0.0**	**207.0**	**0.0**	**171.0**
100	**Supply**	**MEDICAL SUPPLIES**												
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 8.09**	**$ -**	**$ 6.52**	**$ -**	**$ 12.38**	**$ -**	**$ 11.47**	**$ -**	**$ 13.94**	**$ -**	**$ 11.47**
102	SA082	pack, ophthalmology visit (w-dilation)		2		2		5		4		5		4
103	SA050	pack, ophthalmology visit (no dilation)		2		1				1		1		1
110	**Equipment Code**	**EQUIPMENT**												
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 14.02**	**$ -**	**$ 10.38**	**$ -**	**$ 18.16**	**$ -**	**$ 18.03**	**$ -**	**$ 21.85**	**$ -**	**$ 18.03**
112	EL005	lane, exam (oph)		132		72		171		144		180		144
113	EL006	lane, screening (oph)				27				27		27		27
114														
115														
116														
117														
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*												

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other – Utilization over 30,000

January 2019

Upper Gastrointestinal Tract Imaging – Tab 12

In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. CPT codes 74240 and 74246 were initially identified as part of this screen. In January 2018, the RUC referred these services to the CPT Editorial Panel to condense this family of services and combine fluoroscopy. In May 2018, the CPT Editorial Panel approved revision of nine codes, addition of two codes and deletion of five codes to conform to other families of radiologic examinations. The existing codes omitted key information regarding study types and provided inconsistent guidance on whether certain components are included in each code. The revisions will address these limitations and reflect the work inherent in each examination. The specialty society surveyed the lower GI codes (CPT codes 74250, 74251, 74270, 74280) for the October 2018 RUC meeting and requested to delay survey of the upper GI codes in this family (CPT codes 74210, 74220, 74XX0, 74230, 74240, 74246, and 74248) until January 2019.

Compelling Evidence

The specialty society presented compelling evidence based on flawed methodology in the previous valuation. The two codes identified by the screen, CPT codes 74240 and 74246, are both CMS/Other sourced. Therefore, how the times and values were established is unknown or flawed. The RUC accepted compelling evidence for these two codes based on flawed methodology.

Post-service Time

The RUC discussed the immediate post-service time for the family and noted that there were differences in the recommended post-service times while the description of post-service work is the same for all the codes. The specialty explained that, unlike the radiology codes that have a post-time of 1 minute, this family is more appropriately considered to be *procedural fluoroscopy codes using X-rays*. As such, they are not comparable for post-times to common X-ray codes or to other imaging codes, such as CT and MR, because they have their own unique procedural aspects. The additional work in the post-time period involves more and different images than a common X-ray, it includes multiple fluoroscopic images and review of a lengthier report that discusses a procedure rather than an imaging result. Recognizing the fluoroscopic image burden, the RUC determined that with the affirmation of CPT codes 74210 and 74230, with post-service times of 2 and 3 minutes respectively, there should be 3 minutes of post-service time for all other codes in the family.

74220 *Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study*

The RUC reviewed the survey results from 72 radiologists and determined that the survey 25th percentile work RVU of 0.60 accurately reflects the physician work necessary for this service and falls below the existing value. This code was recently valued in April 2017 but has been split into

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two codes (CPT codes 74221 and 74220) and thus was resurveyed. The RUC recommends 3 minutes pre-service time, 10 minutes intra-service time, and 3 minutes immediate post-service time.

The RUC compared CPT code 74220 to the top key reference code 74150 *Computed tomography, abdomen; without contrast material* (work RVU = 1.19 and 12 minutes intra-service time) and noted that the survey code has two minutes less intra-service time and half the intensity as the reference code. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system, while the CT abdomen without contrast includes a larger number of anatomic structures and a wider range of pathologic conditions, supported by the higher intensity and greater amount of physician work. The RUC also compared the survey code to the second key reference code 74160 *Computed tomography, abdomen; with contrast material(s)* (work RVU = 1.27 and 15 minutes intra-service time) and noted likewise, that the survey code is appropriately valued lower than the reference code, which has 5 minutes more intra-service time and higher intensity.

The RUC compared the survey code to MPC code 76536 *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation* (work RVU = 0.56 and 10 minutes intra-service time) and noted that the survey code has identical intra-service and total time as the comparison code. However, the survey code is slightly more intense and complex, relating for example, to the need for patient repositioning and other maneuvers throughout the examination, accounting for the slightly higher intensity and work RVU. The RUC also compared the survey code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient, …* (work RVU = 0.76 and 10 minutes intra-service time) and noted that the survey code has identical intra-service time as the comparison code, but two less minutes of pre-service time, as well as periods of less intense work, supporting the slightly lower work RVU.

The RUC concluded that CPT code 74220 should be valued at the 25th percentile work RVU as supported by the survey. Further, the recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family and greater RBRVS. **The RUC recommends a work RVU of 0.60 for CPT code 74220.**

74221 ***Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study***

The RUC reviewed the survey results from 72 radiologists and determined that the survey 25th percentile work RVU of 0.70 accurately reflects the physician work necessary for this service. The RUC noted that double-contrast studies take longer to perform than the single-contrast codes in the family and require more physician work. The RUC recommends 3 minutes pre-service time, 12 minutes intra-service time, and 3 minutes immediate post-service time.

The RUC compared the survey code to the top key reference code 74160 *Computed tomography, abdomen; with contrast material(s)* (work RVU = 1.27 and 15 minutes intra-service time) and noted that the survey code is appropriately valued lower than the reference code which has 3 minutes more intra-service time and higher intensity. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system, while the CT abdomen with contrast includes a larger number of anatomic structures and a wider range of pathologic conditions, supported by the higher value.

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For additional support, the RUC compared the survey code to MPC code 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient, …* (work RVU = 0.76 and 10 minutes intra-service time) and noted that the survey code has greater intra-service time but overall less intense work when compared to the low-complexity E/M encounter, therefore the recommended work RVU is slightly lower than the comparison code. The RUC concluded that CPT code 74221 should be valued at the 25th percentile work RVU as supported by the survey. Further, the recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family and greater RBRVS. **The RUC recommends a work RVU of 0.70 for CPT code 74221.**

74240 ***Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study***
The RUC reviewed the survey results from 72 radiologists and determined that the survey 25th percentile work RVU of 0.80 accurately reflects the physician work necessary for this service. The RUC recommends 4 minutes pre-service time, 12 minutes intra-service time, and 3 minutes immediate post-service time.

The RUC compared the survey code to MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81, 11 minutes intra-service time) and noted that these services require similar physician time, and intensity to perform and thus should be valued similarly. For additional support, the RUC compared the survey code to CPT code 76641 *Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete* (work RVU = 0.73, 12 minutes intra-service time, 22 minutes total time), which has identical intra-service time. The survey code is more intense and complex to perform and is appropriately valued higher. The RUC also compared the survey code to CPT code 93282 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system* (work RVU = 0.85, 12 minutes intra-service time, 28 minutes total time), which has identical intra-service time. The survey code is appropriately valued lower given the greater total time of the comparison code.

The RUC concluded that CPT code 74240 should be valued at the 25th percentile work RVU as supported by the survey. Further, the recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family and greater RBRVS. **The RUC recommends a work RVU of 0.80 for CPT code 74240.**

74246 ***Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered***
The RUC reviewed the survey results from 72 radiologists and determined that the survey 25th percentile work RVU of 0.90 accurately reflects the physician work necessary for this service. The RUC noted that the double-contrast study takes longer to perform than the single-contrast codes in the family. The RUC recommends 4 minutes pre-service time, 15 minutes intra-service time, and 3 minutes immediate post-service time.

The RUC compared CPT code 74246 to the top key reference code 74160 *Computed tomography, abdomen; with contrast material(s)* (work RVU = 1.27, 15 minutes intra-service time, 23 minutes total time) and noted that the two examinations have identical intra-service time and nearly

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identical total time. However, the reference code has higher intensity, accounting for the higher work RVU. The upper GI study is a more focused examination evaluating a specific problem or possible etiologies in one organ system while the CT abdomen with contrast includes a larger number of anatomic structures and a wider range of pathologic conditions, supported by the higher intensity.

For additional support, the RUC compared the survey code to MPC code 92012 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient* (work RVU = 0.92, 15 minutes intra-service time) and noted that these services require the same intra-service time and similar intensity and complexity to perform and thus should be valued similarly. The RUC concluded that CPT code 74246 should be valued at the 25th percentile work RVU as supported by the survey. Further, the recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family and greater RBRVS. **The RUC recommends a work RVU of 0.90 for CPT code 74246.**

74248 ***Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 72 radiologists and determined that the survey 25th percentile work RVU of 0.70 accurately reflects the physician work necessary for this service. The RUC recommends 12 minutes of intra-service time and total time for this new add-on code. The intra-service time also represents the survey 25th percentile. It is below the survey median time of 20 minutes because this service was previously reported as part of CPT codes 74245 or 74249, both of which are being deleted, and that were CMS/Other codes with a total of 18 minutes of physician work. The new add-on code will have a similar intra-service time as the base services with which it is being performed, codes 74240 or 74246, which have survey median intra-service times of 12 minutes and 15 minutes, respectively.

The RUC compared CPT code 74248 to the top key reference code 76810 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)* (work RVU = 0.98, 20 minutes intra-service time) and noted that the survey code requires 8 minutes less intra-service time, accounting for the lower work RVU. However, code 74248 requires imaging of an entirely different region of anatomic structures than the base codes, requiring patient repositioning and additional maneuvers, accounting for the slightly higher IWPUT than the reference code.

For additional support, the RUC compared CPT code 74248 to MPC code 64484 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.00, 10 minutes intra-service time) and noted that the survey code requires 2 more minutes of intra-service time than the comparison code, and is appropriately valued lower since it is a less intense non-invasive procedure. The RUC concluded that CPT code 74248 should be valued at the 25th percentile work RVU as supported by the survey. Further, the recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family and greater RBRVS. **The RUC recommends a work RVU of 0.70 for CPT code 74248.**

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CPT Referral
The RUC determined that CPT code 74248 should be referred to the CPT Editorial Panel to correct the add-on code descriptor to clearly delineate the small bowel follow-through as a procedure reported in addition to the preceding upper GI code. Some RUC members expressed concern that there may be confusion in reporting this code that might be mistaken as inclusive of the preceding upper GI code. **The RUC recommends CPT code 74248 be referred to the CPT Editorial Panel for editorial revision.**

Practice Expense
The Practice Expense Subcommittee reviewed and made slight changes in the clinical staff time in one of the codes, 74230, which carried through and created a minor change in the equipment minutes. In response to an inquiry from CMS, the specialty society clarified that speech pathologists use CPT codes 92610 and 92611 to bill for non-fluoroscopic and fluoroscopic evaluations. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Affirmation of RUC Recommendations
The RUC affirmed the recent RUC recommendations for CPT code 74210 (work RVU= 0.59, 3 minutes pre-service time, 10 minutes intra-service time and 2 minutes immediate post-service time) and CPT code 74230 (work RVU= 0.53, 2 minutes pre-service time, 10 minutes intra-service time and 3 minutes immediate post-service time). The relativity within the family remains correct.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology/Diagnostic Radiology (Diagnostic Imaging) **Gastrointestinal Tract**				
▲74210	J1	Radiologic examination~~,~~ pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	XXX	0.59 Affirm (April 2017)
▲74220	J2	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study (Do not report 74220 in conjunction with 74221, 74240, 74246, 74248)	XXX	0.60

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● 74221	J3	double-contrast (eg, high-density barium and effervescent agent) study (Do not report 74221 in conjunction with 74220, 74240, 74246, 74248)	XXX	0.70
▲74230	J4	Radiologic examination, ~~S~~swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study (For otorhinolaryngologic services fluoroscopic evaluation of swallowing function, use 92611)	XXX	0.53 Affirm (April 2017)
▲74240	J5	Radiologic examination, upper gastrointestinal tract, ~~upper;~~ including scout abdominal radiograph(s) ~~with or without~~ and delayed image(s), ~~without KUB~~ when performed; single-contrast (eg, barium) study (Do not report 74240 in conjunction with 74220, 74221, 74246)	XXX	0.80
~~D74241~~	-	~~with or without delayed images, with KUB~~ (74241 has been deleted. To report, use 74240)	XXX	N/A (2019 work RVU = 0.69)
~~D74245~~	-	~~with small intestine, includes multiple serial images~~ (74245 has been deleted. To report, see 74240, 74248)	XXX	N/A (2019 work RVU = 0.91)
▲74246	J6	~~Radiological examination, gastrointestinal tract, upper, air~~ double-contrast~~, with specific~~ (eg, high-density barium~~,~~ and effervescent agent) study, ~~with or without~~ including glucagon, when administered~~; with or without delayed images, without KUB~~ (Do not report 74246 in conjunction with 74220, 74221, 74240)	XXX	0.90

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~~D74247~~	-	~~with or without delayed images, with KUB~~ (74247 has been deleted. To report, use 74246)	XXX	N/A (2019 work RVU = 0.69)
~~D74249~~	-	~~with small intestine follow-through~~ (74249 has been deleted. To report, see 74246, 74248)	XXX	N/A (2019 work RVU = 0.91)
+ ● 74248	J7	with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure) (Use 74248 in conjunction with 74240, 74246) (Do not report 74248 in conjunction with 74250, 74251)	ZZZ	0.70

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ACR
AMERICAN COLLEGE OF RADIOLOGY
QUALITY IS OUR IMAGE

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December 18, 2018

Peter K. Smith, MD, Chair
AMA/RVS Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

Subject: ACR Request to Reaffirm Code Value Recommendations for CPT Codes 74210 and 74230

Dear Dr. Smith,

CPT code 74220 *(Radiologic examination; esophagus)* was identified on the CMS/Other - Utilization Over 100,000 screen, and the family was expanded to include CPT codes 74210 *(Radiologic examination; pharynx and/or cervical esophagus)* and 74230 *(Swallowing function, with cineradiography/videoradiography)*. All three codes were surveyed for the April 2017 RUC meeting, and the times and values were recently finalized by the Centers for Medicare & Medicaid Services (CMS) in the 2019 Medicare Physician Fee Schedule.

While the codes were still pending at CMS, this family of codes was included as part of a CCP involving the Gastrointestinal Tract Imaging family, which included some revisions to the descriptors for some of the existing codes, as well as the creation of two new codes. Upon review of the new code structure, the ACR is surveying CPT code 74220 for the January 2019 meeting, as the physician work for this procedure will change. However, the changes to the descriptors for CPT codes 74210 and 74230 are editorial. We feel that the physician work for CPT codes 74210 and 74230 remain unchanged, and we are confident that the recent survey values from April 2017 (approved by CMS) are accurate.

Therefore, the ACR would like to request that the values for CPT codes 74210 and 74230 be reaffirmed at the January 2019 RUC meeting. There is appropriate relativity between these codes, the codes in the gastrointestinal tract imaging family (as recommended), and within the larger RBRVS.

Please contact ACR staff Stephanie Le at (703) 648-8900, ext. 4584 if you have any questions.

Thank you for your consideration of this request.

Sincerely,



Kurt A. Schoppe, MD
ACR RUC Advisor

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74220 Tracking Number J2 Original Specialty Recommended RVU: **0.67**
Presented Recommended RVU: **0.60**
Global Period: XXX Current Work RVU: **0.67** RUC Recommended RVU: **0.60**

CPT Descriptor: Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female presents with dysphagia and odynophagia. A single-contrast esophagus study is requested for evaluation of possible esophageal spasm or achalasia.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Confirm that single contrast only examination is appropriate. Determine the type of contrast to use. Review any prior applicable plain film or imaging studies. Provide patient with examination instructions and confirm understanding.

Description of Intra-Service Work: Position the patient. Obtain scout fluoroscopic image of the chest and upper abdomen. Direct the administration of oral contrast agents by the patient. Observe patient under fluoroscopic guidance swallow contrast liquids,using different consistencies as needed, in multiple positions for the thoracic esophagus, and take multiple additional spot views. Direct the patient to various positions to better visualize the thoracic esophagus and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast passes the gastro-esophageal junction. Observe patient under fluoroscopic guidance and additional maneuvers as needed swallow water to assess for gastroesophageal reflux. Observe patient under fluoroscopic guidance swallow a 13 mm barium tablet, if needed. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Discuss findings with the patient and referring provider as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Andrew Moriarity, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74220		
Sample Size:	3250	**Resp N:** 72	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	50.00	1040.00
Survey RVW:	0.25	0.60	**0.86**	1.10	2.00
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	6.00	**10.00**	15.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74220	**Recommended Physician Work RVU: 0.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74150	XXX	1.19	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74160	XXX	1.27	**RUC Time**

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	868,983

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	7,877,777

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 23.6 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 74220	**Top Key Reference CPT Code:** 74150	**2nd Key Reference CPT Code:** **74160**
Median Pre-Service Time	3.00	3.00	3.00
Median Intra-Service Time	10.00	12.00	15.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**16.00**	**20.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	29%	47%	24%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	76%	18%	6%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	29%	53%
Physical effort required	0%	6%	94%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	47%	24%	29%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	42%	25%	25%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	67%	33%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	17%	83%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	33%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 74240 and 74246 were identified on the screen for CMS/Other codes with utilization over 30,000. The family was expanded to include four other x-ray codes pertaining to the upper gastrointestinal tract, 74241, 74245, 74247, and 74249. These codes were referred to the April 2018 CPT meeting. CPT codes 74241 *(Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB),* 74245 *(Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images),* 74247 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB),* and 74249 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through)* were deleted. The CPT Team further expanded the family to include CPT codes 74210, 74220, and 74230, which were surveyed in April 2017, and two new codes were created. The following codes were surveyed for January 2019.

- **74220** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74221** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study)*
- **74240** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74246** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered),* and
- **74248** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure))*

The specialty is requesting that the RUC reaffirm the CY2019 times and values for the recently-surveyed codes 74210 *(Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study*) and 74230 *(Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study),* which underwent editorial changes to the descriptor at CPT.

Survey Process

The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).

Compelling Evidence

The society is requesting compelling evidence for all existing codes in the code family to support the proposed work RVUs and times. The two codes identified on the screen, 74240 and 74246, are both CMS/Other, and were valued using flawed methodology. While code 74220 was most recently surveyed in April 2017, its patient population is being distributed to the new code, 74221. For all codes in this family, there have been changes in technology, patient population, and physician work, compared with earlier years. Healthy, routine patients are increasingly evaluated with endoscopy or CT, while patients undergoing fluoroscopic examinations are increasingly being evaluated for more complex problem-solving of chronic, unexplained symptoms when other investigations have been inconclusive, as well as increasingly for complex pre-operative anatomy and post-operative complications.

Work RVU Recommendation

The specialty recommends a work RVU of 0.60 for CPT code 74220, which is the survey 25th percentile and below the current value of 0.67.

Time Recommendation

The specialty recommends the following median survey times: 3 minutes of pre-service time, 10 minutes of intra-service time, and a reduction from the survey median to 3 minutes of post-service time. This is a total time of 16 minutes compared to the existing 15 minutes.

Key Reference Services

The most commonly chosen reference codes by survey participants are two CT of the abdomen procedures:

- **74150** *(Computed tomography, abdomen; without contrast material)*, chosen by 24% of respondents, and
- **74160** *(Computed tomography, abdomen; with contrast material(s))*, chosen by 17% of respondents.

The recommended work RVU and survey times are appropriate compared to the most commonly chosen key reference service, 74150 *(Computed tomography, abdomen; without contrast material(s))*, which has 2 minutes more intra-service time, as well as higher IWPUT. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. The CT abdomen without contrast includes a larger number of anatomic structures and a wider range of pathologic conditions, supported by the higher IWPUT and work RVU.

The recommended value and service times for code 74220 are also appropriately lower compared to the second key reference service, 74160 *(Computed tomography, abdomen; with contrast material)*, which has 5 minutes more intra-service time and higher IWPUT. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. However, the CT abdomen with contrast includes a larger number of anatomic structures and a wider range of potential pathologic conditions.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74220	**X-Ray, esophagus; single-contrast study**	**0.60**	**16**	**3**	**10**	**3**	**0.0466**	
74150	CT, abdomen; w/o contrast	1.19	20	3	12	5	0.0842	24%
74160	CT, abdomen; w/contrast	1.27	23	3	15	5	0.0727	17%

MPC Codes

The surveyed code compares well with three MPC codes:

- **76536** *(Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation)*
- **99231** *(Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.)*
- **76700** *(Ultrasound, abdominal, real time with image documentation; complete)*

The surveyed code, 74220, has identical intra-service and similar total time as MPC code 76536. However, the surveyed code requires slightly more intense work, relating, for example, to the need for patient repositioning and other maneuvers throughout the examination, accounting for the slightly higher IWPUT and work RVU. The surveyed code, 74220, has identical intra-service time as MPC code 99231, but two less minutes of pre-service time, as well as periods of less intense work, supporting the lower IWPUT and slightly lower work RVU recommendation. Similarly, the surveyed code requires 1 less minute of intra-service time and 2 less minutes of pre-service time compared to MPC code 76700, real-time abdominal ultrasound. The overall less intense work supports the lower IWPUT and lower recommended work RVU for CPT code 74220. The relationships are summarized in the following table.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT
76536	US, soft tissues of head & neck, real time w/img doc	0.56	18	4	10	4	0.0381
74220	**X-Ray, esophagus; single-contrast study**	**0.60**	**16**	**3**	**10**	**3**	**0.0466**
99231	Subseq. hospital care, per day, for E&M of pt w/MDM of low complexity. Typically, 15 minutes bedside with patient.	0.76	20	5	10	5	0.0536
76700	US, abdominal, real time with image documentation; complete	0.81	21	5	11	5	0.0533

Summary

The specialty recommends 0.60 RVUs with 3 minutes pre-, 10 minutes intra-, and 3 minutes post-service time for CPT code 74220. The recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family, as well as the greater RBRVS.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	RUC Meeting
74230	X-ray, swallowing function w/cine or videoradiography, incl. scout neck x-rays, contrast study	0.53	15	2	10	3	0.0417	Apr 2017
74210	X-Ray, pharynx and/or cervical esophagus, incl. scout neck x-rays, contrast study	0.59	15	3	10	2	0.0478	Apr 2017
74220	**X-Ray, esophagus; single-contrast study**	**0.60**	**16**	**3**	**10**	**3**	**0.0466**	**Jan 2019**
74248	X-ray, upper GI tract; w/small intestine follow-through study, incl mult serial imgs (List in addn to primary proc)	0.70	12		12		0.0583	Jan 2019
74221	X-ray, esophagus; double-contrast study	0.70	18	3	12	3	0.0471	Jan 2019
74240	X-ray, upper GI tract; single-contrast study	0.80	19	4	12	3	0.0536	Jan 2019
74250	X-Ray, small intestine; single-contrast study	0.81	23	3	15	5	0.0421	Oct 2018
74246	X-ray, upper GI tract; double-contrast study, incl glucagon, when admin	0.90	22	4	15	3	0.0495	Jan 2019

74270	X-ray, colon; single-contrast study	1.04	24	4	15	5	0.0559	Oct 2018
74251	X-ray, small intestine; double-contrast study	1.17	32	5	22	5	0.0430	Oct 2018
74280	X-ray, colon; double-contrast study	1.26	29	4	20	5	0.0529	Oct 2018

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74220

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 473480
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74220 provided nationally in a one-year period is estimated to be 473,480.

Specialty Diagnostic Radiology Frequency 451120 Percentage 95.27 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 157,830 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CPT code 74220 is estimated to be provided to Medicare patients 157,830 times in a one-year period.

Specialty Diagnostic Radiology Frequency 150375 Percentage 95.27 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74220

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74221 Tracking Number J3 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX Current Work RVU: **0.67** RUC Recommended RVU: **0.70**

CPT Descriptor: Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 71-year-old male with history of gastro-esophageal reflux presents with worsening odynophagia and chest pain. A double-contrast esophagram is requested for evaluation of possible esophageal ulcer or mass.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Confirm that double contrast examination is appropriate. Determine the type of contrast to use. Review any prior applicable plain film or imaging studies. Provide patient with examination instructions and confirm understanding.

Description of Intra-Service Work: Position the patient. Obtain scout fluoroscopic image of the chest. Direct the administration of effervescent sodium bicarbonate crystals and water. Direct the administration of oral contrast agents by the patient. Observe patient under fluoroscopic guidance swallow thin and thick liquids in multiple positions for the thoracic esophagus, and take multiple additional spot views. Repeat swallowing attempts, and direct the patient to various positions to distribute barium along all mucosal surfaces. Direct the patient to various positions to better visualize the thoracic esophagus and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast passes the gastro-esophageal junction. Observe patient under fluoroscopic guidance and additional maneuvers as needed swallow water to assess for gastroesophageal reflux. Observe patient under fluoroscopic guidance swallow a 13 mm barium tablet, if needed. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Discuss findings with the patient and referring provider as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Andrew Moriarity, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74221		
Sample Size:	3250	**Resp N:** 72	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	**50.00**	100.00	500.00
Survey RVW:	0.30	0.70	**0.99**	1.21	2.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	8.00	**12.00**	17.00	45.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74221	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74160	XXX	1.27	**RUC Time**

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74170	XXX	1.40	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	868,983

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	7,877,777

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 26.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 74221	Top Key Reference CPT Code: 74160	2nd Key Reference CPT Code: 74170
Median Pre-Service Time	3.00	3.00	5.00
Median Intra-Service Time	12.00	15.00	18.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**18.00**	**23.00**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	26%	37%	26%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	63%	32%	5%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	37%	58%
Physical effort required	0%	11%	89%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	37%	37%	26%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	27%	36%	9%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	36%	27%	36%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	9%	91%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	36%	36%	27%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 74240 and 74246 were identified on the screen for CMS/Other codes with utilization over 30,000. The family was expanded to include four other x-ray codes pertaining to the upper gastrointestinal tract, 74241, 74245, 74247, and 74249. These codes were referred to the April 2018 CPT meeting. CPT codes 74241 *(Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB),* 74245 *(Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images),* 74247 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB),* and 74249 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through)* were deleted. The CPT Team further expanded the family to include CPT codes 74210, 74220, and 74230, which were surveyed in April 2017, and two new codes were created. The following codes were surveyed for January 2019.

- **74220** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74221** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study)*
- **74240** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74246** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered),* and
- **74248** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure))*

The specialty is requesting that the RUC reaffirm the CY2019 times and values for the recently-surveyed codes 74210 *(Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study*) and 74230 *(Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study),* which underwent editorial changes to the descriptor at CPT.

Survey Process

The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).

Compelling Evidence

The society is requesting compelling evidence for all existing codes in the code family to support the proposed work RVUs and times. The two codes identified on the screen, 74240 and 74246, are both CMS/Other, and were valued using flawed methodology. While code 74220 was most recently surveyed in April 2017, its patient population is being distributed to the new code, 74221. For all codes in this family, there have been changes in technology, patient population, and physician work, compared with earlier years. Healthy, routine patients are increasingly evaluated with endoscopy or CT, while patients undergoing fluoroscopic examinations are increasingly being evaluated for more complex problem-solving of chronic, unexplained symptoms when other investigations have been inconclusive, as well as increasingly for complex pre-operative anatomy and post-operative complications.

Work RVU Recommendation

The specialty recommends the survey 25th percentile work RVU of 0.70 for CPT code 74221.

Time Recommendation

The specialty recommends the following median survey times: 3 minutes of pre-service time, 12 minutes of intra-service time, and a reduction from the survey median to 3 minutes of post-service time. This is a total time of 18 minutes for CPT code 74221.

Key Reference Services

The most commonly chosen reference codes by survey participants are two CT of the abdomen procedures:

- **74160** *(Computed tomography, abdomen; with contrast material(s))*, chosen by 26% of respondents, and
- **74170** *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*, chosen by 15% of respondents.

The recommended work RVU and survey times are appropriate compared to the most commonly chosen key reference service, 74160 *(Computed tomography, abdomen; with contrast material(s))*, which has 3 minutes more intra-service time, as well as higher IWPUT. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. The CT abdomen with contrast includes a larger number of anatomic structures and a wider range of pathologic conditions, supported by the higher IWPUT.

The recommended value and service times for 74221 are also appropriately lower compared to the second key reference service, 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*, which has 6 minutes more intra-service time and higher IWPUT. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. However, the CT abdomen without and with contrast includes a larger number of anatomic structures, a wider range of potential pathologic conditions, and review of two entire CT examinations.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74221	**X-ray, esophagus; double-contrast study**	**0.70**	**18**	**3**	**12**	**3**	**0.0471**	
74160	CT, abdomen; w/contrast	1.27	23	3	15	5	0.0727	26%
74170	CT, abdomen; w/o & w/contrast	1.40	28	5	18	5	0.0653	15%

MPC Codes

The surveyed code compares well with three MPC codes:

- **76536** *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation*
- **99231** *(Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.)*

- **76700** *(Ultrasound, abdominal, real time with image documentation; complete)*

The surveyed code, 74221, has two more minutes of intra-service and identical total time compared to MPC code 76536. In addition, the surveyed code requires slightly more intense work, relating for example, to the need for patient repositioning and other maneuvers throughout the examination, accounting for the slightly higher IWPUT. The higher IWPUT accounts for the higher work RVU. While 74221 requires 1 more minute of intra-service time than 76700, it includes periods of less intense work, supporting the lower IWPUT and lower work RVU recommendation. Similarly, the surveyed code requires 2 more minutes of intra-service time than 99231, but overall less intense work when compared to the low-complexity E&M encounter, code 99231, supporting the lower IWPUT and slightly lower recommended work RVU.

The relationships are summarized in the following table.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT
76536	US, soft tissues of head & neck, real time w/img doc	0.56	18	4	10	4	0.0381
74221	**X-ray, esophagus; double-contrast study**	**0.70**	**18**	**3**	**12**	**3**	**0.0471**
99231	Subseq. hospital care, per day, for E&M of pt w/MDM of low complexity. Typically, 15 minutes bedside with patient.	0.76	20	5	10	5	0.0536
76700	US, abdominal, real time with image documentation; complete	0.81	21	5	11	5	0.0533

Summary

The specialty recommends 0.70 RVUs with 3 minutes pre-, 12 minutes intra-, and 3 minutes post-service time for CPT code 74221. The recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family, as well as the greater RBRVS.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	RUC Meeting
74230	X-ray, swallowing function w/cine or videoradiography, incl. scout neck x-rays, contrast study	0.53	15	2	10	3	0.0417	Apr 2017
74210	X-Ray, pharynx and/or cervical esophagus, incl. scout neck x-rays, contrast study	0.59	15	3	10	2	0.0478	Apr 2017
74220	X-Ray, esophagus; single-contrast study	0.60	16	3	10	3	0.0466	Jan 2019
74248	X-ray, upper GI tract; w/small intestine follow-through study, incl mult serial imgs (List in addn to primary proc)	0.70	12		12		0.0583	Jan 2019
74221	**X-ray, esophagus; double-contrast study**	**0.70**	**18**	**3**	**12**	**3**	**0.0471**	**Jan 2019**
74240	X-ray, upper GI tract; single-contrast study	0.80	19	4	12	3	0.0536	Jan 2019
74250	X-Ray, small intestine; single-contrast study	0.81	23	3	15	5	0.0421	Oct 2018

74246	X-ray, upper GI tract; double-contrast study, incl glucagon, when admin	0.90	22	4	15	3	0.0495	Jan 2019
74270	X-ray, colon; single-contrast study	1.04	24	4	15	5	0.0559	Oct 2018
74251	X-ray, small intestine; double-contrast study	1.17	32	5	22	5	0.0430	Oct 2018
74280	X-ray, colon; double-contrast study	1.26	29	4	20	5	0.0529	Oct 2018

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Specialty How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 118370
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74X00 provided nationally in a one-year period is estimated to be 118,370.

Specialty Diagnostic Radiology Frequency 112780 Percentage 95.27 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 39,460 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CPT code 74X00 is estimated to be provided to Medicare patients 39,460 times in a one-year period.

Specialty Diagnostic Radiology Frequency 37595 Percentage 95.27 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 74220

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74240 Tracking Number J5 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: **0.69** RUC Recommended RVU: **0.80**

CPT Descriptor: Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old female presents with dysphagia. A single-contrast upper gastrointestinal examination is requested for evaluation of possible esophageal dysmotility or hiatal hernia.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Confirm that single contrast only examination is appropriate. Determine the type of contrast to use. Review any prior applicable plain film or imaging studies. Provide patient with examination instructions and confirm understanding.

Description of Intra-Service Work: Position the patient. Obtain scout fluoroscopic image of the abdomen. Direct the administration of oral contrast agents by the patient. Observe patient under fluoroscopic guidance swallow liquids, of different consistencies as needed, in multiple positions for the thoracic esophagus, stomach, and duodenum, and take multiple additional spot views. Repeat swallowing attempts, and direct the patient to various positions to distribute barium along all mucosal surfaces. Direct the patient to various positions to better visualize the thoracic esophagus, stomach, and duodenum, and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast has passed the duodenojejunal junction. Observe patient under fluoroscopic guidance and additional maneuvers as needed swallow water to assess for gastroesophageal reflux. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Discuss findings with the patient and referring provider as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Andrew Moriarity, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74240		
Sample Size:	3250	**Resp N:** 72	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	50.00	500.00
Survey RVW:	0.40	0.80	**1.03**	1.27	2.50
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	9.00	**12.00**	19.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74240	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74160	XXX	1.27	**RUC Time**

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74170	XXX	1.40	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	868,983

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	7,877,777

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
76700	XXX	0.81	**RUC Time**

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complet

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 23.6 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 18.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74240	Top Key Reference CPT Code: 74160	2nd Key Reference CPT Code: 74170
Median Pre-Service Time	4.00	3.00	5.00
Median Intra-Service Time	12.00	15.00	18.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**19.00**	**23.00**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	35%	41%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	59%	35%	6%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	18%	76%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	41%	29%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	15%	38%	31%	15%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	38%	31%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	15%	77%
Physical effort required	0%	8%	92%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	62%	31%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 74240 and 74246 were identified on the screen for CMS/Other codes with utilization over 30,000. The family was expanded to include four other x-ray codes pertaining to the upper gastrointestinal tract, 74241, 74245, 74247, and 74249. These codes were referred to the April 2018 CPT meeting. CPT codes 74241 *(Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB),* 74245 *(Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images),* 74247 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB),* and 74249 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through)* were deleted. The CPT Team further expanded the family to include CPT codes 74210, 74220, and 74230, which were surveyed in April 2017, and two new codes were created. The following codes were surveyed for January 2019.

- **74220** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74221** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study)*
- **74240** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74246** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered),* and
- **74248** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure))*

The specialty is requesting that the RUC reaffirm the CY2019 times and values for the recently-surveyed codes 74210 *(Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study*) and 74230 *(Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study),* which underwent editorial changes to the descriptor at CPT.

Survey Process

The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).

Compelling Evidence

The society is requesting compelling evidence for all existing codes in the code family to support the proposed work RVUs and times. The two codes identified on the screen, 74240 and 74246, are both CMS/Other, and were valued using flawed methodology. While code 74220 was most recently surveyed in April 2017, its patient population is being distributed to the new code, 74221. For all codes in this family, there have been changes in technology, patient population, and physician work, compared with earlier years. Healthy, routine patients are increasingly evaluated with endoscopy or CT, while patients undergoing fluoroscopic examinations are increasingly being evaluated for more complex problem-solving of chronic, unexplained symptoms when other investigations have been inconclusive, as well as increasingly for complex pre-operative anatomy and post-operative complications.

Work RVU Recommendation

The specialty recommends the survey 25th percentile work RVU of 0.80 for CPT code 74240.

Time Recommendation

The specialty recommends the following median survey times: 4 minutes of pre-service time, 12 minutes of intra-service time, and a reduction from the survey median to 3 minutes of post-service time. This is a total time of 19 minutes for CPT code 74240.

Key Reference Services

The most commonly chosen reference codes by survey participants are two CT of the abdomen procedures:

- **74160** *(Computed tomography, abdomen; with contrast material(s))*, chosen by 24% of respondents, and
- **74170** *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*, chosen by 18% of respondents.

The recommended work RVU and survey times are appropriate compared to the most commonly chosen key reference service, 74160 *(Computed tomography, abdomen; with contrast material(s))*, which has 3 minutes more intra-service time, as well as higher IWPUT. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. The CT abdomen with contrast includes a larger number of anatomic structures and a wider range of pathologic conditions, supported by the higher IWPUT.

The recommended value and service times are also appropriately lower compared to the second key reference service, 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*, which has 6 minutes more intra-service time and higher IWPUT. The esophagus study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. However, the CT abdomen without and with contrast includes a larger number of anatomic structures, a wider range of potential pathologic conditions, and review of two entire CT examinations.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74240	**X-ray, upper GI tract; single-contrast study**	**0.80**	**19**	**4**	**12**	**3**	**0.0536**	
74160	CT, abdomen; w/contrast	1.27	23	3	15	5	0.0727	24%
74170	CT, abdomen; w/o & w/contrast	1.40	28	5	18	5	0.0653	18%

MPC Codes

The surveyed code compares well with three MPC codes:

- **76536** *Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation*
- **99231** *(Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.)*

- **76700** *(Ultrasound, abdominal, real time with image documentation; complete)*

The surveyed code, 74240, has two more minutes of intra-service time and one more minute of total time than MPC code 76536. In addition, the surveyed code requires slightly more intense work, relating for example, to the need for patient repositioning and other maneuvers throughout the examination, accounting for the slightly higher IWPUT. The greater time and IWPUT together account for the greater work RVU. While 74240 requires 1 more minute of intra-service time than MPC code 76700, it includes periods of less intense work, supporting the lower IWPUT and lower work RVU recommendation. Similarly, the surveyed code requires 2 more minutes of intra-service time than 99231, supporting the slightly higher work RVU.

The relationships are summarized in the following table.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT
76536	US, soft tissues of head & neck, real time w/img doc	0.56	18	4	10	4	0.0381
99231	Subseq. hospital care, per day, for E&M of pt w/MDM of low complexity. Typically, 15 minutes bedside with patient.	0.76	20	5	10	5	0.0536
74240	**X-ray, upper GI tract; single-contrast study**	**0.80**	**19**	**4**	**12**	**3**	**0.0536**
76700	US, abdominal, real time with image documentation; complete	0.81	21	5	11	5	0.0533

Summary

The specialty recommends 0.80 RVUs with 4 minutes pre-, 12 minutes intra-, and 3 minutes post-service time for CPT code 74240. The recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family, as well as the greater RBRVS.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	RUC Meeting
74230	X-ray, swallowing function w/cine or videoradiography, incl. scout neck x-rays, contrast study	0.53	15	2	10	3	0.0417	Apr 2017
74210	X-Ray, pharynx and/or cervical esophagus, incl. scout neck x-rays, contrast study	0.59	15	3	10	2	0.0478	Apr 2017
74220	X-Ray, esophagus; single-contrast study	0.60	16	3	10	3	0.0466	Jan 2019
74248	X-ray, upper GI tract; w/small intestine follow-through study, incl mult serial imgs (List in addn to primary proc)	0.70	12		12		0.0583	Jan 2019
74221	X-ray, esophagus; double-contrast study	0.70	18	3	12	3	0.0471	Jan 2019
74240	**X-ray, upper GI tract; single-contrast study**	**0.80**	**19**	**4**	**12**	**3**	**0.0536**	**Jan 2019**
74250	X-Ray, small intestine; single-contrast study	0.81	23	3	15	5	0.0421	Oct 2018

74246	X-ray, upper GI tract; double-contrast study, incl glucagon, when admin	0.90	22	4	15	3	0.0495	Jan 2019
74270	X-ray, colon; single-contrast study	1.04	24	4	15	5	0.0559	Oct 2018
74251	X-ray, small intestine; double-contrast study	1.17	32	5	22	5	0.0430	Oct 2018
74280	X-ray, colon; double-contrast study	1.26	29	4	20	5	0.0529	Oct 2018

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 74240 is typically reported with an E/M code. It may also be reported with CPT codes 70360, 72040, or 74230.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74240, and shifting utilizations from 74241 and 74245

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 273670
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74240 provided nationally in a one-year period is estimated to be 273,670.

Specialty Diagnostic Radiology Frequency 196835 Percentage 71.92 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 91,220 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CPT code 74240 is estimated to be provided to Medicare patients 91,220 times in a one-year period.

Specialty Diagnostic Radiology Frequency 65610 Percentage 71.92 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74240

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74246 Tracking Number J6 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
Global Period: XXX Current Work RVU: **0.69** RUC Recommended RVU: **0.90**

CPT Descriptor: Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with chronic anemia and abdominal pain. A double-contrast upper gastrointestinal examination is requested for evaluation of possible gastric or duodenal ulcer or mass.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Confirm that double contrast examination is appropriate. Determine the type of contrast to use and whether glucagon is indicated. Review any prior applicable plain film or imaging studies. Provide patient with examination instructions and confirm understanding.

Description of Intra-Service Work: Position the patient. Obtain scout fluoroscopic image of the chest and abdomen. Direct the administration of effervescent sodium bicarbonate crystals and water. Direct the administration of glucagon as needed. Direct the administration of oral contrast agents by the patient. Observe patient under fluoroscopic guidance swallow thin and thick liquids in multiple positions for the thoracic esophagus, stomach, and duodenum, and take multiple additional spot views. Repeat swallowing attempts and direct the patient to various positions to distribute barium along all mucosal surfaces. Direct the patient to various positions to better visualize the thoracic esophagus, stomach, and duodenum, and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast has passed the duodenojejunal junction. Use paddle palpation to assist visualization of gastric and proximal small bowel folds, as needed. Observe patient under fluoroscopic guidance and additional maneuvers as needed swallow water to assess for gastroesophageal reflux. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Discuss findings with the patient and referring provider as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Andrew Moriarity, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74246		
Sample Size:	3250	**Resp N:** 72	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**35.00**	68.00	500.00
Survey RVW:	0.45	0.90	**1.20**	1.40	3.00
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	10.00	**15.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74246	**Recommended Physician Work RVU: 0.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**4.00**	**0.00**	**4.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74160	XXX	1.27	**RUC Time**

CPT Descriptor Computed tomography, abdomen; with contrast material(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74170	XXX	1.40	**RUC Time**

CPT Descriptor Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	959,748

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92012	XXX	0.92	**RUC Time**	6,641,098

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

Other Reference CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family. family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 34.7 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 30.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 74246	**Top Key Reference CPT Code:** 74160	**2nd Key Reference CPT Code:** **74170**
Median Pre-Service Time	4.00	3.00	5.00
Median Intra-Service Time	15.00	15.00	18.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**22.00**	**23.00**	**28.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	32%	40%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	36%	40%	24%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	16%	76%
Physical effort required	0%	4%	96%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	24%	36%	40%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	32%	36%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	36%	36%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	14%	77%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	32%	41%	27%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 74240 and 74246 were identified on the screen for CMS/Other codes with utilization over 30,000. The family was expanded to include four other x-ray codes pertaining to the upper gastrointestinal tract, 74241, 74245, 74247, and 74249. These codes were referred to the April 2018 CPT meeting. CPT codes 74241 *(Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB),* 74245 *(Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images),* 74247 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB),* and 74249 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through)* were deleted. The CPT Team further expanded the family to include CPT codes 74210, 74220, and 74230, which were surveyed in April 2017, and two new codes were created. The following codes were surveyed for January 2019.

- **74220** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74221** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study)*
- **74240** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74246** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered),* and
- **74248** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure))*

The specialty is requesting that the RUC reaffirm the CY2019 times and values for the recently-surveyed codes 74210 *(Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study*) and 74230 *(Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study),* which underwent editorial changes to the descriptor at CPT.

Survey Process

The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).

Compelling Evidence

The society is requesting compelling evidence for all existing codes in the code family to support the proposed work RVUs and times. The two codes identified on the screen, 74240 and 74246, are both CMS/Other, and were valued using flawed methodology. While code 74220 was most recently surveyed in April 2017, its patient population is being distributed to the new code, 74221. For all codes in this family, there have been changes in technology, patient population, and physician work, compared with earlier years. Healthy, routine patients are increasingly evaluated with endoscopy or CT, while patients undergoing fluoroscopic examinations are increasingly being evaluated for more complex problem-solving of chronic, unexplained symptoms when other investigations have been inconclusive, as well as increasingly for complex pre-operative anatomy and post-operative complications.

Work RVU Recommendation

The specialty recommends the survey 25th percentile work RVU of 0.90 for CPT code 74246.

Time Recommendation

The specialty recommends the following median survey times: 4 minutes of pre-service time, 15 minutes of intra-service time, and a reduction from the survey median to 3 minutes of post-service time. This is a total time of 22 minutes for CPT code 74246.

Key Reference Services

The most commonly chosen reference codes by survey participants are two CT of the abdomen procedures:

- **74160** *(Computed tomography, abdomen; with contrast material(s))*, chosen by 35% of respondents, and
- **74170** *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*, chosen by 31% of respondents.

The recommended work RVU and survey times are appropriate compared to the most commonly chosen key reference service, 74160 *(Computed tomography, abdomen; with contrast material(s))*. The two examinations have identical intra-service time and nearly identical total time. However, 74160 has higher IWPUT, accounting for the higher work RVU. The upper GI study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. The CT abdomen with contrast includes a larger number of anatomic structures and a wider range of pathologic conditions, supported by the higher IWPUT.

The recommended value and service times are also appropriately lower compared to the second key reference service, 74170 *(Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections)*, which has 3 minutes more intra-service time and higher IWPUT. The upper GI study is a more focused examination evaluating a specific problem or possible etiologies in one organ system. However, the CT abdomen without and with contrast includes a larger number of anatomic structures, a wider range of potential pathologic conditions, and review of two entire CT examinations.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74246	**X-ray, upper GI tract; double-contrast study, incl glucagon, when admin**	**0.90**	**22**	**4**	**15**	**3**	**0.0495**	
74160	CT, abdomen; w/contrast	1.27	23	3	15	5	0.0727	35%
74170	CT, abdomen; w/o & w/contrast	1.40	28	5	18	5	0.0653	31%

MPC Codes

The surveyed code compares well with two MPC codes:

- **76700** *(Ultrasound, abdominal, real time with image documentation; complete)*
- **92012** *(Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient)*
- **99213** *(Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.)*

The surveyed code, 74246, includes periods of slightly less intense work than MPC code 76700, a real-time ultrasound code. However, 74246 requires 4 more minutes of intra-service time, leading to the overall slightly higher work RVU recommendation. The work RVU for CPT code 74246 also compares well with two non-radiology code, 92012 and 99213. Both of these E&M codes have the same intra-service time and similar pre-service and post-service times, but are valued slightly higher than 74246.

The relationships are summarized in the following table.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT
76700	US, abdominal, real time with image documentation; complete	0.81	21	5	11	5	0.0533
74246	**X-ray, upper GI tract; double-contrast study, incl glucagon, when admin**	**0.90**	**22**	**4**	**15**	**3**	**0.0495**
92012	Ophthalmological services: medical exam & eval, with initiation or continuation of dx and treatment program; intermed, establ pt	0.92	25	5	15	5	0.0464
99213	Office or OP visit for E&M of establ pt. MDM of low complexity, with problems of low to moderate severity. 15 mins face to face with pt.	0.97	23	3	15	5	0.0527

Summary

The specialty recommends 0.90 RVUs with 4 minutes pre-, 15 minutes intra-, and 3 minutes post-service time for CPT code 74246. The recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family, as well as the greater RBRVS.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	RUC Meeting
74230	X-ray, swallowing function w/cine or videoradiography, incl. scout neck x-rays, contrast study	0.53	15	2	10	3	0.0417	Apr 2017
74210	X-Ray, pharynx and/or cervical esophagus, incl. scout neck x-rays, contrast study	0.59	15	3	10	2	0.0478	Apr 2017

74220	X-Ray, esophagus; single-contrast study	0.60	16	3	10	3	0.0466	Jan 2019
74248	X-ray, upper GI tract; w/small intestine follow-through study, incl mult serial imgs (List in addn to primary proc)	0.70	12		12		0.0583	Jan 2019
74221	X-ray, esophagus; double-contrast study	0.70	18	3	12	3	0.0471	Jan 2019
74240	X-ray, upper GI tract; single-contrast study	0.80	19	4	12	3	0.0536	Jan 2019
74250	X-Ray, small intestine; single-contrast study	0.81	23	3	15	5	0.0421	Oct 2018
74246	**X-ray, upper GI tract; double-contrast study, incl glucagon, when admin**	**0.90**	**22**	**4**	**15**	**3**	**0.0495**	**Jan 2019**
74270	X-ray, colon; single-contrast study	1.04	24	4	15	5	0.0559	Oct 2018
74251	X-ray, small intestine; double-contrast study	1.17	32	5	22	5	0.0430	Oct 2018
74280	X-ray, colon; double-contrast study	1.26	29	4	20	5	0.0529	Oct 2018

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74246, and shifting utilizations from 74247 and 74249

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 213690
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74246 provided nationally in a one-year period is estimated to be 213,690.

Specialty Diagnostic Radiology Frequency 197465 Percentage 92.40 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 71,230 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CPT code 74246 is estimated to be provided to Medicare patients 71,230 times in a one-year period.

Specialty Diagnostic Radiology Frequency 65820 Percentage 92.40 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74246

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74248 Tracking Number J7 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: ZZZ Current Work RVU: **0.91** RUC Recommended RVU: **0.70**

CPT Descriptor: Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During a single-contrast upper gastrointestinal study, a 67-year-old male with abdominal pain and concern for hiatal hernia also requires additional evaluation of dilated small bowel loops discovered during the study undergoes small intestine follow-through study. Note: This is an add-on service. Only consider the additional work related to small intestine follow-through study.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Position the patient. Direct the administration of effervescent sodium bicarbonate crystals and water as needed. Direct the administration of glucagon as needed. Direct the administration of oral contrast agents by the patient. Direct the patient to various positions to better visualize the duodenum, and proximal, mid, and distal small bowel in all four quadrants and distribute barium along all mucosal surfaces, and continue to perform intermittent fluoroscopy with spot radiographs and dynamic fluoroscopic recording as needed until contrast has passed the terminal ileum and reached the cecum. Use paddle palpation to assist visualization of small bowel segments. Supervise the acquisition of overhead radiographs obtained by the technologist. Review final images and appropriate comparisons while dictating the final report.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Andrew Moriarity, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74248		
Sample Size:	3250	**Resp N:** 72	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**23.00**	50.00	700.00
Survey RVW:	0.25	0.70	**1.00**	1.26	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	12.00	**20.00**	25.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	74248	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**12.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76810	ZZZ	0.98	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19282	ZZZ	1.00	**RUC Time**

CPT Descriptor Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	445,279

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	121,930

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 22.2 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 74248	**Top Key Reference CPT Code:** 76810	**2nd Key Reference CPT Code:** **19282**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	12.00	20.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**12.00**	**20.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	50%	31%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	50%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	31%	50%
Physical effort required	0%	13%	88%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	19%	31%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	45%	36%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	36%	45%	18%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	27%	18%	55%
Physical effort required	27%	9%	64%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	27%	64%	9%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 74240 and 74246 were identified on the screen for CMS/Other codes with utilization over 30,000. The family was expanded to include four other x-ray codes pertaining to the upper gastrointestinal tract, 74241, 74245, 74247, and 74249. These codes were referred to the April 2018 CPT meeting. CPT codes 74241 *(Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB),* 74245 *(Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images),* 74247 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB),* and 74249 *(Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through)* were deleted. The CPT Team further expanded the family to include CPT codes 74210, 74220, and 74230, which were surveyed in April 2017, and two new codes were created. The following codes were surveyed for January 2019.

- **74220** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74221** *(Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study)*
- **74240** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study),*
- **74246** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered),* and
- **74248** *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure))*

The specialty is requesting that the RUC reaffirm the CY2019 times and values for the recently-surveyed codes 74210 *(Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study*) and 74230 *(Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study),* which underwent editorial changes to the descriptor at CPT.

Survey Process

The ACR surveyed a total of 3,250 members (a random sample of 1,625 members and a separate random sample of 1,625 members who perform radiography or gastrointestinal procedures).

Compelling Evidence

The society is requesting compelling evidence for all existing codes in the code family to support the proposed work RVUs and times. The two codes identified on the screen, 74240 and 74246, are both CMS/Other, and were valued using flawed methodology. While code 74220 was most recently surveyed in April 2017, its patient population is being distributed to the new code, 74221. For all codes in this family, there have been changes in technology, patient population, and physician work, compared with earlier years. Healthy, routine patients are increasingly evaluated with endoscopy or CT, while patients undergoing fluoroscopic examinations are increasingly being evaluated for more complex problem-solving of chronic, unexplained symptoms when other investigations have been inconclusive, as well as increasingly for complex pre-operative anatomy and post-operative complications.

Work RVU Recommendation

The specialty recommends the survey 25th percentile work RVU of 0.70 for CPT code 74248.

Time Recommendation

The specialty recommends 12 minutes of intra-service time for add-on code 74248. This is below the survey median time of 20 minutes. We are recommending a time less than the survey median of 20 minutes because this service was previously reported as part of code 74245 or 74249, both of which are being deleted, and that were CMS/Other codes with a total of 18 minutes of physician work. The new add-on code, 74248, will have a similar intra-service time as the base services with which it is being performed, code 74240 or 74246, which have survey median intra-service times of 12 minutes or 15 minutes, respectively.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **76810** *(Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure))*, chosen by 22% of respondents, and
- **19282** *(Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure))*, chosen by 15% of respondents.

The recommended work RVU and survey times are appropriate compared to the most commonly chosen key reference service, 76810 *(US, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester, transabdominal approach; each additional gestation)*. 74248 requires imaging of an entirely different region of anatomic structures than the base codes, requiring patient repositioning and additional maneuvers, accounting for the slightly higher IWPUT than 76810. However, 74248 requires 8 less minutes of intra-service time, accounting for the overall lower work RVU recommendation.

The recommended value and service times are also appropriately lower compared to the second key reference service, 19282 *(Placement of breasts localization device percutaneous; each additional lesion, including mammographic guidance)*. 74248 requires imaging of an entirely different region of anatomic structures than the base codes, requiring patient repositioning and additional maneuvers, accounting for the slightly higher IWPUT than 19282. However, 74248 requires 8 less minutes of intra-service time, accounting for the overall lower work RVU recommendation.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	% chosen
74248	**X-ray, upper GI tract; w/small intestine follow-through study, incl mult serial imgs (List in addn to primary proc)**	**0.70**	**12**		**12**		**0.0583**	
76810	US, preg uterus, fetal & maternal eval, after 1st tri, transabd; ea addl gestation (List in addn to primary proc)	0.98	20		20		0.0490	22%
19282	Plcmnt of breast localization evice; ea addl lesion, incl mammo guidance (List in addn to primary proc)	1.00	25	5	20		0.0444	15%

MPC Codes

The surveyed code compares well with two MPC codes:

- **64484** *(Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure))*
- **51797** *(Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure))*

The surveyed code, 74248, requires 2 more minutes of intra-service time than MPC code 64484, but is appropriately valued less since it is not an invasive procedure like 64484. CPT code 74248 has 3 less minutes of intra-service time compared with MPC code 51797, and is appropriately valued at a lower RVU. Both of these services have similar IWPUT, which is appropriate for these diagnostic exams.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT
74248	**X-ray, upper GI tract; w/small intestine follow-through study, incl mult serial imgs (List in addn to primary proc)**	**0.70**	**12**		**12**		**0.0583**
51797	Voiding pressure studies, intra-abd (List in addn to primary proc)	0.80	15		15		0.0533
64484	Inj anesthetic and/or steroid, transforaminal epidural w/img guid; lumbar or sacral, ea addl lvl (List in addn to primary proc)	1.00	10		10		0.1000

Summary

The specialty recommends 0.70 RVUs with 12 minutes intra-service time for CPT code 74248. The recommendation maintains relativity within the upper and lower gastrointestinal tract X-ray family, as well as the greater RBRVS.

CPT Code	Descriptor	Work RVU	Total Time	Pre	Intra	Post	IWPUT	RUC Meeting
74230	X-ray, swallowing function w/cine or videoradiography, incl. scout neck x-rays, contrast study	0.53	15	2	10	3	0.0417	Apr 2017

74210	X-Ray, pharynx and/or cervical esophagus, incl. scout neck x-rays, contrast study	0.59	15	3	10	2	0.0478	Apr 2017
74220	X-Ray, esophagus; single-contrast study	0.60	16	3	10	3	0.0466	Jan 2019
74248	**X-ray, upper GI tract; w/small intestine follow-through study, incl mult serial imgs (List in addn to primary proc)**	**0.70**	**12**		**12**		**0.0583**	**Jan 2019**
74221	X-ray, esophagus; double-contrast study	0.70	18	3	12	3	0.0471	Jan 2019
74240	X-ray, upper GI tract; single-contrast study	0.80	19	4	12	3	0.0536	Jan 2019
74250	X-Ray, small intestine; single-contrast study	0.81	23	3	15	5	0.0421	Oct 2018
74246	X-ray, upper GI tract; double-contrast study, incl glucagon, when admin	0.90	22	4	15	3	0.0495	Jan 2019
74270	X-ray, colon; single-contrast study	1.04	24	4	15	5	0.0559	Oct 2018
74251	X-ray, small intestine; double-contrast study	1.17	32	5	22	5	0.0430	Oct 2018
74280	X-ray, colon; double-contrast study	1.26	29	4	20	5	0.0529	Oct 2018

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. CPT code 74X01 is an add-on procedure and will be billed with either 74240 or 74246.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74245 or 74249

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 48975
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74X01 provided nationally in a one-year period is estimated to be 48,975.

Specialty Diagnostic Radiology Frequency 46720 Percentage 95.39 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 16,325 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CPT code 74X01 is estimated to be provided to Medicare patients 16,325 times in a one-year period.

Specialty Diagnostic Radiology Frequency 15575 Percentage 95.40 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 74220

SS Rec Summary

ISSUE: X-Ray Exam - Upper GI Tract

TAB: 12

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF				#DIV/0!						0														
2nd REF				#DIV/0!						0														
Apr-17	74210	Radiologic examination; pharynx and/or cervical esophagus		0.0478			0.59			15	3					10			2					
SVY	74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study		#DIV/0!																				
REC	74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study		0.0478			0.59			15	3					10			2					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74150	Computed tomography, abdomen; without contrast material	17	0.0842			1.19			20	3					12			5					
2nd REF	74160	Computed tomography, abdomen; with contrast material(s)	12	0.0727			1.27			23	3					15			5					
Apr-17	74220	Radiologic examination; esophagus		0.0558			0.67			15	3					10			2					
SVY	74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	72	0.0681	0.25	0.60	0.86	1.10	2.00	18	3			3	6	10	15	45	5	0	10	20	50	1040
SVY - Subset	74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	58	0.0621	0.25	0.56	0.80	1.06	2.00	18	3			3	6	10	15	45	5	0	11	20	50	1040
SVY - Random	74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	14	0.0866	0.55	0.88	1.00	1.24	1.50	16	3			3	7	10	14	25	3	2	6	11	50	250
REC	74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study		0.0466			0.60			16	3					10			3					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	74160	Computed tomography, abdomen; with contrast material(s)	19	0.0727			1.27			23	3					15			5					
2nd REF	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	11	0.0653			1.40			28	5					18			5					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
37	Apr-17	74220	Radiologic examination; esophagus		0.0558			0.67			15	3					10			2					
38	SVY	74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	72	0.0676	0.30	0.70	0.99	1.21	2.50	20	3			4	8	12	17	45	5	0	20	50	100	500
39	SVY - Subset	74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	58	0.0617	0.30	0.61	0.92	1.18	2.50	20	3			4	8	12	17	45	5	0	21	50	98	500
40	SVY - Random	74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	14	0.0811	0.60	0.95	1.13	1.31	2.00	19	3			4	10	12	16	30	4	5	21	40	115	250
41	REC	74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study		0.0471			0.70			18	3					12			3					
42																									

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
43						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
44	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
45	1st REF				#DIV/0!						0														
46	2nd REF				#DIV/0!						0														
47	Apr-17	74230	Swallowing function, with cineradiography/videoradiography		0.0418			0.53			15	2					10			3					
48	SVY	74230	Radiologic examination, swallowing function, with cineradiography/ videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study		#DIV/0!						0														
49	REC	74230	Radiologic examination, swallowing function, with cineradiography/ videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study		0.0418			0.53			15	2					10			3					
50																									
51						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
52	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
53	1st REF	74160	Computed tomography, abdomen; with contrast material(s)	17	0.0727			1.27			23	3					15			5					
54	2nd REF	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	13	0.0653			1.40			28	5					18			5					
55	CMS/Other	74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB		#DIV/0!			0.69			14														
56	CMS/Other	74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB		#DIV/0!			0.69			14														
57	SVY	74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	72	0.0690	0.40	0.80	1.03	1.27	2.50	21	4			4	9	12	19	60	5	0	10	20	50	500
58	SVY - Subset	74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	58	0.0726	0.40	0.76	1.00	1.24	2.00	20	4			4	9	11	18	60	5	0	10	20	50	500
59	SVY - Random	74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	14	0.0695	0.70	0.93	1.20	1.34	2.50	22	3			5	10	15	19	40	4	1	7	20	29	250
60	REC	74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study		0.0536			0.80			19	4					12			3					
61																									
62						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
63	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
64	1st REF	74160	Computed tomography, abdomen; with contrast material(s)	25	0.0727			1.27			23	3					15			5					
65	2nd REF	74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	22	0.0653			1.40			28	5					18			5					
66	CMS/Other	74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB		#DIV/0!			0.69			14														
67	Sep-11	74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB		0.0311			0.69			25	5					15			5					
68	SVY	74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	72	0.0666	0.45	0.90	1.20	1.40	3.00	24	4			5	10	15	20	60	5	0	8	35	68	500
69	SVY - Subset	74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	58	0.0666	0.45	0.89	1.20	1.40	2.50	24	4			6	10	15	20	60	5	0	9	36	64	500
70	SVY - Random	74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	14	0.0747	0.75	1.01	1.30	1.40	3.00	23	3			5	11	15	20	45	5	0	9	33	90	300
71	REC	74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered		0.0495			0.90			22	4					15			3					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
72																									
73						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
74	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
75	1st REF	76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	16	0.0490			0.98			20	0					20			0					
76	2nd REF	19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	11	0.0473			1.00			25		1	4			20			0					
77	CMS/Other	74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB		#DIV/0!			0.69			14														
78	CMS/Other	74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB		#DIV/0!			0.69			14														
79	CMS/Other	74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images		#DIV/0!			0.91			18														
80	CMS/Other	74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through		#DIV/0!			0.91			18														
81	SVY	74248	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)	72	0.0500	0.25	0.70	1.00	1.26	3.50	20				4	12	20	25	120		0	12	23	50	700
82	SVY - Subset	74248	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)	58	0.0500	0.25	0.72	1.00	1.20	2.50	20				4	12	20	22	60		0	12	21	50	700

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
83	**SVY - Random**	**74248**	**Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)**	**14**	**0.0600**	**0.38**	**0.67**	**1.08**	**1.44**	**3.50**	**18**				**8**	**15**	**18**	**35**	**120**		**1**	**16**	**28**	**88**	**150**
84	**REC**	**74248**	**Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)**		**0.0583**			**0.70**			**12**						**12**								

CPT Code: 74210, 74220, 74221, 74230, 74240, 74246, 74248
Specialty Society: ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

74210	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	XXX
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	XXX
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	XXX
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study	XXX
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	XXX
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	XXX
74248	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure)	ZZZ

Global Period: XXX and ZZZ Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the X-Ray Upper GI Tract code family, CPT codes 74210, 74220, 74221, 74230, 74240, 74246, 74248.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The society included the existing PE inputs for codes 74210, 74220, 74230, 74240, and 74246 on the spreadsheet to serve as a reference. We have also included the to-be-deleted codes, 74241, 74245, 74247, and 74249, whose services will be redistributed to the new or existing codes.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   These codes are not typically billed with an E/M.

CPT codes 74230 and 72340 are typically billed with an E/M in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
74210	DIAGNOSTIC RADIOLOGY	49%	DIAGNOSTIC RADIOLOGY	98%
74220	DIAGNOSTIC RADIOLOGY	84%	DIAGNOSTIC RADIOLOGY	95%
74230	DIAGNOSTIC RADIOLOGY	34%	DIAGNOSTIC RADIOLOGY	89%
74240	GENERAL SURGERY	21%	DIAGNOSTIC RADIOLOGY	59%
74246	DIAGNOSTIC RADIOLOGY	66%	DIAGNOSTIC RADIOLOGY	90%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   The increase in aggregate cost is a result of the increase in physician time, per the multispecialty RUC survey. This correlates to the increase in professional PACS workstation time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   X-ray, pharynx and/or cervical esophagus (74210)
   Bring patient into x-ray room and have patient stand or lay on x-ray table as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. All cassettes are taken to the image reader and run through reader. Check all images for

adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

X-ray, esophagus single contrast (74220)
Bring patient into x-ray room and have patient stand or lay on x-ray table as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast as needed to demonstrate pertinent anatomy and findings. All cassettes are taken to the image reader and run through reader. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

X-ray, esophagus double contrast (74221)
Bring patient into x-ray room and have patient stand or lay on x-ray table as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. All cassettes are taken to the image reader and run through reader. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

X-ray, swallowing function with cineradiography/videoradiography (74230)
Bring patient into x-ray room and have patient stand on x-ray table or sit in a specially modified chair, as appropriate. Position patient's neck for the first view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician or speech pathologist performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician and speech pathologist in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist or speech pathologist and repeat any views as needed.

X-ray, upper GI single-contrast (74240)
Bring patient into x-ray room and have patient stand or lay on x-ray table as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast as needed to demonstrate pertinent anatomy and findings. All cassettes are

taken to the image reader and run through reader. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

X-ray, upper GI double contrast (74246)
Bring patient into x-ray room and have patient stand or lay on x-ray table as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. All cassettes are taken to the image reader and run through reader. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

X-ray, upper GI with small intestine follow-through (list separately in addition to primary procedure) (74248)
Bring patient into x-ray room and have patient stand or lay on x-ray table as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast as needed to demonstrate pertinent anatomy and findings. Assist the supervision physician in administering glucagon as needed. Assist the supervision physician in performing paddle compression of small bowel segments as needed. All cassettes are taken to the image reader and run through reader. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

17. If there is any other item on your spreadsheet that needs further explanation please include here:

18. Please include an explanation of each line item:

	A	B	D	E	I	K	O	Q	S	W	Y
1	RUC Practice E	REVISED AT RUC			CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	RECOMMENDED	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please*			74210	74210	74220	74220	74221	74230	74230
3		***RUC Collaboration Website***			Radiologic examination; pharynx and/or cervical esophagus (Apr 2017)	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study (Jan. 2019)	Radiologic examination; esophagus (Apr 2017)	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study (Jan 2019)	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study (Jan 2019)	Swallowing function, with cineradiography/ videoradiography (Apr 2017)	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study (Jan 2019)
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 12 - X-Ray Exam - Upper GI Tract Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**							
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 39.14**	**$ 39.11**	**$ 43.80**	**$ 41.67**	**$ 47.31**	**$ 75.42**	**$ 73.70**
8		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**28.0**	**28.0**	**28.0**	**28.0**	**30.0**	**31.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**28.0**	**28.0**	**28.0**	**28.0**	**30.0**	**31.0**	**30.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery or procedure made**									
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist	**3**	**3**	**3**	**3**	**3**		
34	CA010	Obtain vital signs									
35	CA011	Provide education/obtain consent									
36	CA012	Review requisition, assess for special needs									
37	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**2**	**4**
38	CA014	Confirm order, protocol exam									
39	CA015	Setup scope (nonfacility setting only)									
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**6**	**3**
41	CA017	Sedate/apply anesthesia									
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	**L041B**	Radiologic Technologist							
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	**L041B**	Radiologic Technologist							
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)									
52	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	**13**	**13**	**13**	**13**	**15**	**15**	**15**
58		*Other activity: please include short clinical description here and type new in column A*	**L037D**	RN/LPN/MTA							
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4									
61	CA023	Monitor patient following procedure/service, no multitasking									
62	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	**3**	**3**	**3**	**3**	**3**	**3**	**3**
63	CA025	Clean scope									
64	CA026	Clean surgical instrument package									

	A	B	D	E	I	K	O	Q	S	W	Y
1	RUC Practice E	REVISED AT RUC			CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	RECOMMENDED	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please*			74210	74210	74220	74220	74221	74230	74230
3		***RUC Collaboration Website***			Radiologic examination; pharynx and/or cervical esophagus **(Apr 2017)**	Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study **(Jan. 2019)**	Radiologic examination; esophagus **(Apr 2017)**	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **(Jan 2019)**	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study **(Jan 2019)**	Swallowing function, with cineradiography/ videoradiography **(Apr 2017)**	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study **(Jan 2019)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 12 - X-Ray Exam - Upper GI Tract Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**							
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 39.14**	**$ 39.11**	**$ 43.80**	**$ 41.67**	**$ 47.31**	**$ 75.42**	**$ 73.70**
8		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**28.0**	**28.0**	**28.0**	**28.0**	**30.0**	**31.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**28.0**	**28.0**	**28.0**	**28.0**	**30.0**	**31.0**	**30.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
66	CA028	Review/read post-procedure x-ray, lab and pathology reports									
67	CA029	Check dressings, catheters, wounds									
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**2**	**2**
69	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**2**	**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue	**L041B**	Radiologic Technologist	**1**	**1**	**1**	**1**	**1**	**1**	**1**
71	CA033	Perform regulatory mandated quality assurance activity (service period)									
72	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)									
73	CA035	Review home care instructions, coordinate visits/prescriptions									
74	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
81		**End: Patient leaves office**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
99		**End: with last office visit before end of global period**									
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ 4.07**	**$ 4.07**	**$ 8.74**	**$ 6.64**	**$ 8.74**	**$ 29.93**	**$ 29.93**
102	SB026	gown, patient	0.547	item	**1**	**1**	**1**	**1**	**1**		
103	SH013	barium high density susp (11-12oz uou)	3.741	item			**1**	**1**	**1**	**1**	**1**
104	SH016	barium suspension (Polibar)	0.0235	ml	**150**	**150**	**100**	**100**	**100**		
105	SH017	barium, honey (Varibar)	0.1852	ml						**60**	**60**
106	SH018	barium, nectar (Varibar)	0.0283	ml						**60**	**60**
107	SH019	barium, pudding (Varibar)	0.2203	ml						**60**	**60**
108	SH029	effervescent granules (Sparkles, EZ Gas) (4gm uou)	2.099	item			**1**		**1**		
109	SJ061	tongue depressor	0.0165	item						**1**	**1**
110	SK017	cookie (each)	0.0725	item						**1**	**1**
111	SK020	drinking straw	0.0125	item						**1**	**1**
112	SK077	spoon, plastic	0.0295	item						**2**	**2**
113											
114		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
116	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**							
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ 35.07**	**$ 35.04**	**$ 35.07**	**$ 35.04**	**$ 38.57**	**$ 45.49**	**$ 43.77**
118	ED050	Technologist PACS workstation	5557	PACS	**28**	**28**	**28**	**28**	**30**	**31**	**30**
119	ED053	Professional PACS Workstation	14829.6153	Other Formula	**12**	**12**	**12**	**12**	**14**	**11**	**11**
120	EF008	chair with headrest, exam, reclining	5079.4205	Highly Technical						**26**	**25**
121	EL014	room, radiographic-fluoroscopic	445290.815	Highly Technical	**20**	**20**	**20**	**20**	**22**	**26**	**25**

	A	B	AA	AC	AE	AG	AI	AK	AM	AO
1	RUC Practice E	REVISED AT RUC	CURRENT	CURRENT	CURRENT	RECOMMENDED	CURRENT	CURRENT	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please*	74241	74245	74240	74240	74247	74249	74246	74246
3		***RUC Collaboration Website***	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB (Jan 2004)	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images (Jan 2004)	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB (Jan 2004)	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study (Jan 2019)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB (Jan 2004)	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered (Jan 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 12 - X-Ray Exam - Upper GI Tract Specialty: ACR								
5		LOCATION	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 65.93	$ 100.23	$ 59.10	$ 47.72	$ 86.07	$ 110.86	$ 73.46	$ 59.48
8		TOTAL CLINICAL STAFF TIME	38.0	58.0	34.0	31.0	46.0	63.0	39.0	37.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	38.0	58.0	34.0	31.0	46.0	63.0	39.0	37.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD								
14		Start: Following visit when decision for surgery or procedure made								
29		End: When patient enters office/facility for surgery/procedure								
30		SERVICE PERIOD								
31		Start: When patient enters office/facility for surgery/procedure:								
32		Pre-Service (of service period)								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3	3	3		3	3	3	3
34	CA010	Obtain vital signs								
35	CA011	Provide education/obtain consent								
36	CA012	Review requisition, assess for special needs								
37	CA013	Prepare room, equipment and supplies	2	2	2	2	2	2	2	2
38	CA014	Confirm order, protocol exam								
39	CA015	Setup scope (nonfacility setting only)								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	1	1	1	2	1	1	1	2
41	CA017	Sedate/apply anesthesia								
48		Intra-service (of service period)								
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)								
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)								
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)								
52	CA021	Perform procedure/service---NOT directly related to physician work time	22	37	19	19	28	40	22	22
58		*Other activity: please include short clinical description here and type new in column A*								
59		Post-Service (of service period)								
60	CA022	Monitor patient following procedure/service, multitasking 1:4								
61	CA023	Monitor patient following procedure/service, no multitasking								
62	CA024	Clean room/equipment by clinical staff	3	3	3	3	3	3	3	3
63	CA025	Clean scope								
64	CA026	Clean surgical instrument package								

	A	B	AA	AC	AE	AG	AI	AK	AM	AO
1	RUC Practice E	REVISED AT RUC	CURRENT	CURRENT	CURRENT	RECOMMENDED	CURRENT	CURRENT	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please*	74241	74245	74240	74240	74247	74249	74246	74246
3		***RUC Collaboration Website***	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB (Jan 2004)	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images (Jan 2004)	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB (Jan 2004)	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study (Jan 2019)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB (Jan 2004)	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered (Jan 2019)
4	Clinical Activity Code	**Meeting Date: January 2019** **Tab: 12 - X-Ray Exam - Upper GI Tract** **Specialty: ACR**								
5		**LOCATION**	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		**GLOBAL PERIOD**	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	$ 65.93	$ 100.23	$ 59.10	$ 47.72	$ 86.07	$ 110.86	$ 73.46	$ 59.48
8		**TOTAL CLINICAL STAFF TIME**	38.0	58.0	34.0	31.0	46.0	63.0	39.0	37.0
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	38.0	58.0	34.0	31.0	46.0	63.0	39.0	37.0
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions								
66	CA028	Review/read post-procedure x-ray, lab and pathology reports								
67	CA029	Check dressings, catheters, wounds								
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	7	12	6	2	9	14	8	2
69	CA031	Review examination with interpreting MD/DO				2				2
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue				1				1
71	CA033	Perform regulatory mandated quality assurance activity (service period)								
72	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)								
73	CA035	Review home care instructions, coordinate visits/prescriptions								
74	CA036	Discharge day management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81		**End: Patient leaves office**								
82		**POST-SERVICE PERIOD**								
83		**Start: Patient leaves office/facility**								
99		**End: with last office visit before end of global period**								
100	**Supply Code**	**MEDICAL SUPPLIES**								
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$ 0.57	$ 0.57	$ 0.57	$ 2.35	$ 6.39	$ 2.65	$ 6.39	$ 8.74
102	SB026	gown, patient	1	1	1		1	1	1	1
103	SH013	barium high density susp (11-12oz uou)					1		1	1
104	SH016	barium suspension (Polibar)	1	1	1	100				100
105	SH017	barium, honey (Varibar)								
106	SH018	barium, nectar (Varibar)								
107	SH019	barium, pudding (Varibar)								
108	SH029	effervescent granules (Sparkles, EZ Gas) (4gm uou)					1	1	1	1
109	SJ061	tongue depressor								
110	SK017	cookie (each)								
111	SK020	drinking straw								
112	SK077	spoon, plastic								
113										
114		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*								
116	**Equipment Code**	**EQUIPMENT**								
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$ 65.36	$ 99.66	$ 58.53	$ 45.37	$ 79.68	$ 108.21	$ 67.07	$ 50.74
118	ED050	Technologist PACS workstation	38	58	34	31	46	63	39	37
119	ED053	Professional PACS Workstation	7	9	7	14	18	9	7	17
120	EF008	chair with headrest, exam, reclining								
121	EL014	room, radiographic-fluoroscopic	38	58	34	26	46	63	39	29

	A	B	AQ	AS	AU	AW	AY
1	RUC Practice E	REVISED AT RUC	CURRENT	CURRENT	CURRENT	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C.* *For more complete information about summaries and guidelines please*	74240	74245	74246	74249	74248
3		***RUC Collaboration Website***	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB (Jan 2004)	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through (Jan 2004)	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure) (Jan 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 12 - X-Ray Exam - Upper GI Tract Specialty: ACR					
5		LOCATION	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 59.10	$ 100.23	$ 73.46	$ 110.86	$ 30.19
8		TOTAL CLINICAL STAFF TIME	34.0	58.0	39.0	63.0	20.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	34.0	58.0	39.0	63.0	20.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD					
14		Start: Following visit when decision for surgery or procedure made					
29		End: When patient enters office/facility for surgery/procedure					
30		SERVICE PERIOD					
31		Start: When patient enters office/facility for surgery/procedure:					
32		Pre-Service (of service period)					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3	3	3	3	
34	CA010	Obtain vital signs					
35	CA011	Provide education/obtain consent					
36	CA012	Review requisition, assess for special needs					
37	CA013	Prepare room, equipment and supplies	2	2	2	2	
38	CA014	Confirm order, protocol exam					
39	CA015	Setup scope (nonfacility setting only)					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	1	1	1	1	
41	CA017	Sedate/apply anesthesia					
48		Intra-service (of service period)					
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)					
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)					
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)					
52	CA021	Perform procedure/service---NOT directly related to physician work time	19	37	22	40	15
58		*Other activity: please include short clinical description here and type new in column A*					
59		Post-Service (of service period)					
60	CA022	Monitor patient following procedure/service, multitasking 1:4					
61	CA023	Monitor patient following procedure/service, no multitasking					
62	CA024	Clean room/equipment by clinical staff	3	3	3	3	
63	CA025	Clean scope					
64	CA026	Clean surgical instrument package					

	A	B	AQ	AS	AU	AW	AY
1	RUC Practice E	REVISED AT RUC	CURRENT	CURRENT	CURRENT	CURRENT	RECOMMENDED
2		~~Please see brief summaries of the standards/guidelines in column C.~~ *For more complete information about summaries and guidelines please*	74240	74245	74246	74249	74248
3		***RUC Collaboration Website***	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB (Jan 2004)	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB (Jan 2004)	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through (Jan 2004)	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; with small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure) (Jan 2019)
4	Clinical Activity Code	**Meeting Date: January 2019** **Tab: 12 - X-Ray Exam - Upper GI Tract** **Specialty: ACR**					
5		**LOCATION**	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		**GLOBAL PERIOD**	XXX	XXX	XXX	XXX	ZZZ
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	$ 59.10	$ 100.23	$ 73.46	$ 110.86	$ 30.19
8		**TOTAL CLINICAL STAFF TIME**	34.0	58.0	39.0	63.0	20.0
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	0.0	0.0	0.0	0.0	0.0
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	34.0	58.0	39.0	63.0	20.0
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	0.0	0.0	0.0	0.0	0.0
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					
66	CA028	Review/read post-procedure x-ray, lab and pathology reports					
67	CA029	Check dressings, catheters, wounds					
68	CA030	~~Technologist QC's images in PACS, checking for all images, reformats, and dose page~~	6	12	8	14	2
69	CA031	Review examination with interpreting MD/DO					2
70	CA032	~~Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue~~					1
71	CA033	Perform regulatory mandated quality assurance activity (service period)					
72	CA034	~~Document procedure (non ACS) (e.g. mandated reporting, registry logs, EEC file, etc.)~~					
73	CA035	Review home care instructions, coordinate visits/prescriptions					
74	CA036	Discharge day management	n/a	n/a	n/a	n/a	n/a
81		**End: Patient leaves office**					
82		**POST-SERVICE PERIOD**					
83		**Start: Patient leaves office/facility**					
99		**End: with last office visit before end of global period**					
100	**Supply Code**	**MEDICAL SUPPLIES**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	$ 0.57	$ 0.57	$ 6.39	$ 2.65	$ 3.74
102	SB026	gown, patient	1	1	1	1	
103	SH013	barium high density susp (11-12oz uou)			1		1
104	SH016	barium suspension (Polibar)	1	1			
105	SH017	barium, honey (Varibar)					
106	SH018	barium, nectar (Varibar)					
107	SH019	barium, pudding (Varibar)					
108	SH029	effervescent granules (Sparkles, EZ Gas) (4gm uou)			1	1	
109	SJ061	tongue depressor					
110	SK017	cookie (each)					
111	SK020	drinking straw					
112	SK077	spoon, plastic					
113							
114		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*					
116	**Equipment Code**	**EQUIPMENT**					
117		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	$ 58.53	$ 99.66	$ 67.07	$ 108.21	$ 26.45
118	ED050	Technologist PACS workstation	34	58	39	63	20
119	ED053	Professional PACS Workstation	7	9	7	9	12
120	EF008	chair with headrest, exam, reclining					
121	EL014	room, radiographic-fluoroscopic	34	58	39	63	15

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Source – Utilization over 100,000

April 2017

X-Ray Esophagus

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data; CPT code 74220 was identified by this screen and 74210 and 74230 were identified as part of the same family of services. The Workgroup recommended the specialty societies survey these services for April 2017.

Compelling Evidence
The specialty society presented compelling evidence for codes 74210 and 74220. The society noted that the prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. As the RUC has noted previously during review of other services, codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown methodology. The specialty society also noted that an increase in value for these codes is justified by the survey data, comparisons with the key reference services, and to maintain relativity within the family and other x-ray examinations of the digestive system. The RUC accepted that there is compelling evidence that CPT codes 74210 and 74220 were originally valued using a flawed methodology.

74210 ***Radiologic examination; pharynx and/or cervical esophagus***
The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 3 minutes, intra-service time of 10 minutes and post-service time of 2 minute, resulting in a total of 15 minutes.

The RUC reviewed the survey 25th percentile work RVU of 0.59and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.59, the RUC compared the survey code to MPC code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU = 0.50, intra-service time of 10 minutes, total time of 13 minutes) and noted that both services have identical intra-service time, whereas the survey code involves more total time, justifying a somewhat higher valuation. To further support a work RVU of 0.59, the RUC compared the survey code to MPC code 76830 *Ultrasound, transvaginal* (work RVU =0.69, intra-service time of 10 minutes, total time of 23 minutes) and noted that both services have identical intra-service time, whereas CPT code 76830 involves somewhat more total time. The RUC agreed that the proposed valuation is appropriately bracketed by both MPC codes. **The RUC recommends a work RVU of 0.59 for CPT code 74210.**

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74220 ***Radiologic examination; esophagus***
The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 3 minutes, intra-service time of 10 minutes and post-service time of 2 minutes, resulting in a total of 15 minutes.

The RUC reviewed the survey 25th percentile work RVU of 0.67 and agreed that this value appropriately accounts for the physician work involved. The specialty noted and the RUC agreed that although both 74220 and 74210 take a similar amount of time to perform, 74220 is a more intense service to perform, indicating a somewhat higher work RVU is warranted. To justify a work RVU of 0.67, the RUC compared the survey code to MPC code 99282 *Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity* (work RVU = 0.88, intra-service time of 10 minutes, total time of 18 minutes) and noted that both services have identical intra-service time, whereas the reference code involves somewhat more total time, justifying a somewhat lower valuation for the survey code. To further support a work RVU of 0.67, the RUC compared the survey code to MPC code 76830 *Ultrasound, transvaginal* (work RVU of 0.69, intra-service time of 10 minutes, total time of 23 minutes) and noted that both services have identical intra-service time, whereas the survey code is a more intense service to perform. **The RUC recommends a work RVU of 0.67 for CPT code 74220.**

74230 ***Swallowing function, with cineradiography/videoradiography***
The RUC reviewed the survey results from 50 radiologists and agreed with following physician time components: pre-service time of 2 minutes, intra-service time of 10 minutes and post-service time of 3 minutes, resulting in a total of 15 minutes. During the post-service period, the specialty explained and the RUC agreed that it is typical for the radiologist to discuss the study with the speech therapist, justifying a post-service time of 3 minutes.

The RUC reviewed the current work RVU of 0.53 recommended by the specialties and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.53, the RUC compared the survey code to MPC code 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU =0.50, intra-service time of 10 minutes, total time of 13 minutes) and noted that both services have identical intra-service time, whereas the survey code involves more total time, justifying a somewhat higher valuation. To further support a work RVU of 0.53, the RUC compared the survey code to MPC code 76830 *Ultrasound, transvaginal* (work RVU = 0.69, intra-service time of 10 minutes, total time of 23 minutes) and noted that both services have identical intra-service time, whereas 76830 involves somewhat more total time. The RUC agreed that the proposed valuation of 0.53 is appropriately bracketed by both MPC codes. **The RUC recommends a work RVU of 0.53 for CPT code 74230.**

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Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty societies and reviewed and approved by the Practice Expense Subcommittee.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
74210 **(f)**	Radiologic examination; pharynx and/or cervical esophagus	XXX	0.59
74220	Radiologic examination; esophagus	XXX	0.67
74230 **(f)**	Swallowing function, with cineradiography/videoradiography	XXX	0.53 (No Change)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74210 Tracking Number Original Specialty Recommended RVU: **0.59**
Presented Recommended RVU: **0.59**
Global Period: XXX Current Work RVU: **0.36** RUC Recommended RVU: **0.59**

CPT Descriptor: Radiologic examination; pharynx and/or cervical esophagus

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with a history of oral cancer complains of difficulty swallowing and neck pain. A radiologic evaluation of the hypopharynx and upper esophagus is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and review available clinical documentation. Obtain updated clinical history and discuss examination with the patient. Review any prior applicable imaging studies.

Description of Intra-Service Work: Obtain scout fluoroscopic image of the neck in anteroposterior (AP) and lateral views prior to administration of oral substances. Observe patient under fluoroscopic guidance swallow thin and/or thick contrast material liquids in AP and lateral positions for pharynx and AP and oblique positions for cervical esophagus. Observe fluoroscopic real time images evaluating: (1) oral phase (moistening, mastication, trough formation, movement of bolus posteriorly); (2) pharyngeal phase (closure of nasopharynx, oropharynx preparation to receive bolus, closure of larynx, hyoid elevation, bolus transit to pharynx); and (3) esophageal phase (esophageal peristalsis, pharyngeal/laryngeal relaxation). Assess for common abnormalities, including: poor airway coverage (epiglottis dysfunction), penetration, aspiration, reflux, Zenker's/Killian Jamieson diverticula, cricopharyngeal achalasia, filling defects suggesting mass or retained foreign bodies, external compression (large thyroid, retropharyngeal carotid artery, large cervical osteophytes). Review saved images and dictate report.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician and/or patient and patient's family as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017		
Presenter(s):	Kurt A. Schoppe, MD; Daniel Wessell, MD		
Specialty(s):	American College of Radiology		
CPT Code:	74210		
Sample Size:	1000	**Resp N:** 50	**Response:** 5.0 %
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform radiography).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**13.00**	49.00	200.00
Survey RVW:	0.35	0.59	**0.80**	0.90	1.59
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	6.00	**10.00**	13.00	20.00

Immediate Post Service-Time:	**4.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74210	**Recommended Physician Work RVU: 0.59**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74280	XXX	0.99	**RUC Time**

CPT Descriptor Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70450	XXX	0.85	**RUC Time**

CPT Descriptor Computed tomography, head or brain; without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**Other**	456,761

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	2,823,687

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74210	**Top Key Reference CPT Code:** 74280	**2nd Key Reference CPT Code:** **70450**
Median Pre-Service Time	3.00	5.00	4.00
Median Intra-Service Time	10.00	20.00	10.00
Median Immediate Post-service Time	2.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**32.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	6%	35%	47%	12%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	24%	47%	29%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	18%	59%	24%
Urgency of medical decision making	18%	65%	18%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	59%	12%
Physical effort required	65%	24%	12%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	47%	29%	24%
Outcome depends on the skill and judgment of physician	18%	59%	24%
Estimated risk of malpractice suit with poor outcome	35%	53%	12%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	63%	25%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	88%	13%	0%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	38%	50%	13%
Urgency of medical decision making	88%	13%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	38%	50%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	50%	0%	50%
Outcome depends on the skill and judgment of physician	0%	63%	38%
Estimated risk of malpractice suit with poor outcome	100%	0%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT Code 74220 *(Radiologic examination; esophagus)* was identified as potentially mis-valued through the CMS/Other utilization greater than 100,000 screen. The survey was expanded to include two other codes in this family, 74210 *(Radiologic examination; pharynx and/or cervical esophagus)*, and 74230 *(Swallowing function, with cineradiography/videoradiography)*, even though 74230 was surveyed for the January 2014 RUC meeting.

The times and work values of the existing codes are shown in the table below.

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
74210	Radiologic examination; pharynx and/or cervical esophagus	0.36				9*	
74220	Radiologic examination; esophagus	0.46				10*	
74230	Swallowing function, with cineradiography	0.53	3	10	4	17	0.037

***** CMS/Other valued.

Survey Process

The American College of Radiology (ACR) conducted both a random sample and a random sample of a subset of members who indicated they performed x-ray imaging procedures. We assembled an expert panel to review the data and develop the following recommendations.

Summary of Recommendations for the Family

We are recommending the 25th percentile survey values for codes 74210 and 74220, which are increased from their current valuation of CMS/Other, but in line with other x-ray examinations of the digestive system. We recommend maintaining the current value for code 74230. We believe these work values and median times are supported by the survey data and comparison codes.

Compelling Evidence

We are requesting an increased value for two codes within this family, 74210 and 74220. The prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. An increase in value for these codes is justified by the survey data, comparisons with the KRS codes, and to maintain relativity within the family and other x-ray examinations of the digestive system.

Work RVU Recommendation:

We recommend a work RVU of 0.59 for 74210, which is the 25th percentile survey value.

Time Recommendation:

We recommend the median survey times of 3 minutes pre-service, 10 minutes intra-service, and 4 minutes post-service.

Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74280 *(Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon)* chosen by 34% of respondents, and 70450 *(Computed tomography, head or brain; without contrast material)* chosen by 16% of respondents.

Our recommendation for 74210 is less than both KRS. The surveyed code scored a similar or lower level of complexity on the majority of complexity measurements compared with the two KRS codes. These comparisons and relative values are appropriate given the less intense work in 74210, as indicated by the survey respondents compared with 70450 and the longer time in 74280 for similarly intense work in a comparable fluoroscopy study of the lower digestive tract.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74210	**Radiologic examination; pharynx and/or cervical esophagus**	0.59	**17**	**3**	**10**	**4**	**0.043**
70450	Computed tomography, head or brain; without contrast material	0.85	19	4	10	5	0.065
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	0.99	32	5	20	7	0.036

MPC Codes:

The surveyed code compares well with two MPC codes: 76830 *(Ultrasound, transvaginal)*, which has a slightly higher wRVU of 0.69 and total time of 23 minutes (pre-, intra-, and post-service times of 5, 10, and 8 minutes, respectively), and 92083 *(Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2))*, which has the same intra-service time, but less post-service time.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT

92083	Visual field exam, extended	0.50	13	3	10	0	0.043
74210	**Radiologic examination; pharynx and/or cervical esophagus**	0.59	**17**	**3**	**10**	**4**	**0.043**
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.040

Conclusion

Our recommendations for 74210 maintain relativity in the family of esophageal fluoroscopy codes and are supported by both the survey data and comparison with other codes across the RBRVS.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	Swallowing function, with cineradiography	0.53	15	2	10	3	0.042
74210	**Radiologic examination; pharynx and/or cervical esophagus**	**0.59**	**17**	**3**	**10**	**4**	**0.043**
74220	Radiologic examination; esophagus	0.67	17	3	10	4	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74210

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7011
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74210 provided nationally in a one-year period is estimated to be 7,011.

Specialty Diagnostic Radiology Frequency 6810 Percentage 97.13 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,337
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 74210 is billed approximately 2,337 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 2270 Percentage 97.13 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74210

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74220 Tracking Number Original Specialty Recommended RVU: **0.67**
Presented Recommended RVU: **0.67**
Global Period: XXX Current Work RVU: **0.46** RUC Recommended RVU: **0.67**

CPT Descriptor: Radiologic examination; esophagus

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with history of gastroesophageal reflux disease presents with progressive dysphagia. A radiologic evaluation of the esophagus is requested.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and review available clinical documentation. Obtain updated clinical history and discuss examination with the patient. Review any prior applicable imaging studies.

Description of Intra-Service Work: Obtain scout fluoroscopic image of the neck, chest, and upper abdomen prior to administration of oral substances. Administer effervescent sodium bicarbonate crystals and water. Observe patient under fluoroscopic guidance swallow thin liquids and/or thick liquids while evaluating the pharynx and esophagus.
Assessment of the esophagus includes evaluation for aspiration, reflux, Zenker's/Killian Jamieson diverticula, Schatzk's ring, strictures, cricopharyngeal achalasia, filling defects suggesting mass or retained foreign bodies, mucosal abnormalities, hiatal hernia, external compression (large thyroid, retropharyngeal carotid artery, large cervical osteophytes). Observe patient under fluoroscopic guidance swallow water to assess for gastroesophageal reflux.
Observe patient under fluoroscopic guidance swallow a 13 mm barium tablet (if clinical concern for stricture or visible evidence of stricture). Obtain single AP fluoroscopic image of the abdomen (KUB). Review saved images and dictate report.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician and/or patient and patient's family as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Kurt A. Schoppe, MD; Daniel Wessell, MD					
Specialty(s):	American College of Radiology					
CPT Code:	74220					
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %		
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform radiography).					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	20.00	**50.00**	100.00	500.00	
Survey RVW:	0.40	0.67	**0.82**	0.95	1.00	
Pre-Service Evaluation Time:			**3.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	9.00	**10.00**	15.00	20.00	
Immediate Post Service-Time:	**4.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74220	**Recommended Physician Work RVU: 0.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74280	XXX	0.99	**RUC Time**

CPT Descriptor Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70450	XXX	0.85	**RUC Time**

CPT Descriptor Computed tomography, head or brain; without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**Other**	456,761

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99282	XXX	0.88	**RUC Time**	399,813

CPT Descriptor 2 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 38.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 22.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74220	**Top Key Reference CPT Code:** 74280	**2nd Key Reference CPT Code:** **70450**
Median Pre-Service Time	3.00	5.00	4.00
Median Intra-Service Time	10.00	20.00	10.00
Median Immediate Post-service Time	2.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**32.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	42%	47%	11%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	21%	58%	21%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	16%	68%	16%
Urgency of medical decision making	26%	63%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	26%	58%	16%
Physical effort required	58%	21%	21%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	47%	37%	16%
Outcome depends on the skill and judgment of physician	11%	63%	26%
Estimated risk of malpractice suit with poor outcome	32%	53%	16%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	55%	27%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	64%	36%	0%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	45%	45%	9%
Urgency of medical decision making	91%	9%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	45%	36%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	45%	0%	55%
Outcome depends on the skill and judgment of physician	18%	55%	27%
Estimated risk of malpractice suit with poor outcome	100%	0%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT Code 74220 *(Radiologic examination; esophagus)* was identified as potentially mis-valued through the CMS/Other utilization greater than 100,000 screen. The survey was expanded to include two other codes in this family, 74210 *(Radiologic examination; pharynx and/or cervical esophagus)*, and 74230 *(Swallowing function, with cineradiography/videoradiography)*, even though 74230 was surveyed for the January 2014 RUC meeting.

The times and work values of the existing codes are shown in the table below.

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
74210	Radiologic examination; pharynx and/or cervical esophagus	0.36				9*	
74220	Radiologic examination; esophagus	0.46				10*	
74230	Swallowing function, with cineradiography	0.53	3	10	4	17	0.037

***** CMS/Other valued.

Survey Process

The American College of Radiology (ACR) conducted both a random sample and a random sample of a subset of members who indicated they performed x-ray imaging procedures. We assembled an expert panel to review the data and develop the following recommendations.

Summary of Recommendations for the Family

We are recommending the 25th percentile survey values for codes 74210 and 74220, which are increased from their current valuation of CMS/Other, but in line with other x-ray examinations of the digestive system. We recommend maintaining the current value for code 74230. We believe these work values and median times are supported by the survey data and comparison codes.

Compelling Evidence

We are requesting an increased value for two codes within this family, 74210 and 74220. The prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. An increase in value for these codes is justified by the survey data, comparisons with the KRS codes, and to maintain relativity within the family and other x-ray examinations of the digestive system.

Work RVU Recommendation:

We recommend a work RVU of 0.67 for 74220, which is also the 25th percentile survey value.

Time Recommendation:

We recommend the median survey times of 3 minutes pre-service, 10 minutes intra-service, and 4 minutes post-service.

Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74280 *(Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon)* chosen by 38% of respondents, and 70450 *(Computed tomography, head or brain; without contrast material)* chosen by 22% of respondents.

Our survey value recommendation for 74220 is less than both KRS. The surveyed code scored a slightly lower level of complexity on the majority of complexity measurements compared with the two KRS codes. These comparisons and relative values are appropriate given the less intense work in 74220 as indicated by the survey respondents compared with 70450 and the longer time in 74280 for similarly intense work in a comparable fluoroscopy study of the lower digestive tract.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74220	**Radiologic examination; esophagus**	**0.67**	**17**	**3**	**10**	**4**	**0.051**
70450	Computed tomography, head or brain; without contrast material	0.85	19	4	10	5	0.065
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	0.99	32	5	20	7	0.036

MPC Codes:

The surveyed code compares well with two MPC codes: 76830 *(Ultrasound, transvaginal)*, which has a slightly higher wRVU of 0.69 and total time of 23 minutes (pre-, intra-, and post-service times of 5, 10, and 8 minutes, respectively), and 99282 *(Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity)*, which has similar times as 74220, but is appropriately valued higher given the higher intensity and complexity of the work in this code.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74220	**Radiologic examination;**	**0.67**	**17**	**3**	**10**	**4**	**0.051**

	esophagus						
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.040
99282	Emergency department E&M, low complexity	0.88	18	3	10	5	0.070

Conclusion

Our recommendations for 74220 maintain relativity in the family of esophageal fluoroscopy codes and are supported by both the survey data and comparison with other codes across the RBRVS.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	Swallowing function, with cineradiography	0.53	15	2	10	3	0.042
74210	Radiologic examination; pharynx and/or cervical esophagus	0.59	17	3	10	4	0.043
74220	**Radiologic examination; esophagus**	**0.67**	**17**	**3**	**10**	**4**	**0.051**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 583899
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74220 provided nationally in a one-year period is estimated to be 583,899.

Specialty Diagnostic Radiology Frequency 550346 Percentage 94.25 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 194,633 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2015 Medicare data estimates that CPT code 74220 is billed approximately 194,633 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 183449 Percentage 94.25 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74220

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:74230 Tracking Number Original Specialty Recommended RVU: **0.53**
Presented Recommended RVU: **0.53**
Global Period: XXX Current Work RVU: **0.53** RUC Recommended RVU: **0.53**

CPT Descriptor: Swallowing function, with cineradiography/videoradiography

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with a history of cerebral infarction presents with recurrent pneumonia. A swallowing function study is requested to evaluate for aspiration.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the request for appropriateness and review clinical history. Review any prior applicable studies. Confirm protocol with speech pathologist.

Description of Intra-Service Work: Obtain scout fluoroscopic image of the neck in anteroposterior (AP) and lateral views prior to administration of oral substances. Observe patient under fluoroscopic guidance swallow thin liquids, thick liquids, nectar thick liquids, soft solids, and hard solids in lateral position (and AP position when needed). Additional fluoroscopic observations frequently performed include observing: patient swallowing solids followed by liquid wash, and/or patient swallowing liquids with chin tuck positioning. Observe fluoroscopic real time and fluoroscopic video recordings evaluating: (1) oral phase (moistening, mastication, trough formation, movement of bolus posteriorly); (2) pharyngeal phase (closure of nasopharynx, oropharynx preparation to receive bolus, closure of larynx, hyoid elevation, bolus transit to pharynx); and (3) esophageal phase (esophageal peristalsis, pharyngeal/laryngeal relaxation). Assess for poor airway coverage (epiglottis dysfunction), penetration, aspiration, reflux, Zenker's/Killian Jamieson diverticula, cricopharyngeal achalasia, filling defects suggesting mass or retained foreign bodies, external compression (large thyroid, retropharyngeal carotid artery, large cervical osteophytes). Review obtained images and stored cinegraphic clips while dictating the report.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician and/or patient and patient's family as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2017					
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD					
Specialty(s):	American College of Radiology					
CPT Code:	74230					
Sample Size:	1000	**Resp N:**	50	**Response:** 5.0 %		
Description of Sample:	The ACR surveyed a total of 1000 members (a random sample of 500 members and a separate random sample of 500 members who perform radiography).					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	16.00	**40.00**	100.00	400.00
Survey RVW:	0.25	0.57	**0.70**	0.85	2.80
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	8.00	**10.00**	15.00	30.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	74230	**Recommended Physician Work RVU: 0.53**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**2.00**	**0.00**	**2.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74280	XXX	0.99	**RUC Time**

CPT Descriptor Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
70450	XXX	0.85	**RUC Time**

CPT Descriptor Computed tomography, head or brain; without contrast material

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	**Other**	456,761

CPT Descriptor 1 Ultrasound, transvaginal

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	2,823,687

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 36.0 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 74230	**Top Key Reference CPT Code:** 74280	**2nd Key Reference CPT Code:** **70450**
Median Pre-Service Time	2.00	5.00	4.00
Median Intra-Service Time	10.00	20.00	10.00
Median Immediate Post-service Time	3.00	7.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**32.00**	**19.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	17%	39%	17%	22%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
The number of possible diagnosis and/or the number of management options that must be considered	50%	28%	22%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	45%	33%	22%
Urgency of medical decision making	28%	56%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	45%	33%	22%
Physical effort required	61%	17%	22%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	44%	28%	28%
Outcome depends on the skill and judgment of physician	50%	28%	22%
Estimated risk of malpractice suit with poor outcome	50%	33%	17%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	50%	17%	33%	0%

Mental Effort and Judgment	Less	Identical	More
The number of possible diagnosis and/or the number of management options that must be considered	83%	0%	17%
The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed	83%	17%	0%
Urgency of medical decision making	67%	33%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	17%	67%
Physical effort required	0%	17%	83%

Psychological Stress	Less	Identical	More
The risk of significant complications, morbidity and/or mortality	67%	0%	33%
Outcome depends on the skill and judgment of physician	33%	67%	0%
Estimated risk of malpractice suit with poor outcome	83%	0%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT Code 74220 *(Radiologic examination; esophagus)* was identified as potentially mis-valued through the CMS/Other utilization greater than 100,000 screen. The survey was expanded to include two other codes in this family, 74210 *(Radiologic examination; pharynx and/or cervical esophagus)*, and 74230 *(Swallowing function, with cineradiography/videoradiography)*, even though 74230 was surveyed for the January 2014 RUC meeting.

The times and work values of the existing codes are shown in the table below.

CPT Code	Descriptor	Current Work RVU	Pre-Service	Intra-Service	Post-Service	Total Time	IWPUT
74210	Radiologic examination; pharynx and/or cervical esophagus	0.36				9*	
74220	Radiologic examination; esophagus	0.46				10*	
74230	Swallowing function, with cineradiography	0.53	3	10	4	17	0.037

***** CMS/Other valued.

Survey Process

The American College of Radiology (ACR) conducted both a random sample and a random sample of a subset of members who indicated they performed x-ray imaging procedures. We assembled an expert panel to review the data and develop the following recommendations.

Summary of Recommendations for the Family

We are recommending the 25th percentile survey values for codes 74210 and 74220, which are increased from their current valuation of CMS/Other, but in line with other x-ray examinations of the digestive system. We recommend maintaining the current value for code 74230. We believe these work values and median times are supported by the survey data and comparison codes.

Compelling Evidence

We are requesting an increased value for two codes within this family, 74210 and 74220. The prior methodology for valuing these codes is unknown and considered flawed, as the source is CMS/Other. An increase in value for these codes is justified by the survey data, comparisons with the KRS codes, and to maintain relativity within the family and other x-ray examinations of the digestive system.

Work RVU Recommendation:

We recommend a work RVU of 0.53 for 74230, which is the current value of this code.

Time Recommendation:

We recommend the median survey times of 2 minutes pre-service, 10 minutes intra-service, and 3 minutes post-service.

Key Reference Services:

Our recommendation compares favorably to the two most commonly chosen key reference services (KRS): 74280 *(Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon)* chosen by 36% of respondents, and 70450 *(Computed tomography, head or brain; without contrast material)* chosen by 12% of respondents. Our recommendation for 74230 is less than both KRS. The surveyed code scored uniformly lower on all of the intensity/complexity measurements compared with the two KRS codes.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	**Swallowing function, with cineradiography**	**0.53**	**15**	**2**	**10**	**3**	**0.042**
70450	Computed tomography, head or brain; without contrast material	0.85	19	4	10	5	0.065
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	0.99	32	5	20	7	0.036

MPC Codes:

The surveyed code compares well with two MPC codes: 76830 *(Ultrasound, transvaginal),* which has a slightly higher wRVU of 0.69 and total time of 23 minutes (pre-, intra-, and post-service times of 5, 10, and 8 minutes, respectively), and 92083 *(Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold),* which has the same intra-service time, but less post-service time.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
92083	Visual field exam, extended	0.50	13	3	10	0	0.043
74230	**Swallowing function, with cineradiography**	**0.53**	**15**	**2**	**10**	**3**	**0.042**
76830	Ultrasound, transvaginal	0.69	23	5	10	8	0.0399

Conclusion

Our recommendations for 74230 maintain relativity in the family of esophageal fluoroscopy codes and are supported by both the survey data and comparison with other codes across the RBRVS.

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
74230	**Swallowing function, with cineradiography**	**0.53**	**15**	**2**	**10**	**3**	**0.042**
74210	Radiologic examination; pharynx and/or cervical esophagus	0.59	17	3	10	4	0.043
74220	Radiologic examination; esophagus	0.67	17	3	10	4	0.051

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 74230

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1061223

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74230 provided nationally in a one-year period is estimated to be 1,061,223.

Specialty Diagnostic Radiology Frequency 948018 Percentage 89.33 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 353,741 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 74230 provided nationally in a one-year period is estimated to be 353,741.

Specialty Diagnostic Radiology Frequency 316006 Percentage 89.33 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Contrast Gastrointestinal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 74230

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray of Esophagus

TAB: 25

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	17	0.036			0.99			32	5					20			7
2nd REF	70450	Computed tomography, head or brain; without contrast material	8	0.065			0.85			19	4					10			5
CMS/Other	74210	Radiologic examination; pharynx and/or cervical esophagus		0.000			0.36			9									
SVY	74210	Radiologic examination; pharynx and/or cervical esophagus	50	0.064	0.35	0.59	0.80	0.90	1.59	17	3			2	6	10	13	20	4
ACR Targeted	74210	Radiologic examination; pharynx and/or cervical esophagus	33	0.0216	0.35	0.56	0.70	0.80	1.00	16	3			4	7	10	12	18	3
ACR Random	74210	Radiologic examination; pharynx and/or cervical esophagus	17	0.0208	0.41	0.83	0.90	0.99	1.59	19	4			2	6	10	15	20	5
REC	74210	Radiologic examination; pharynx and/or cervical esophagus		0.0478			0.59			15	3					10			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	19	0.036			0.99			32	5					20			7
2nd REF	70450	Computed tomography, head or brain; without contrast material	11	0.065			0.85			19	4					10			5
CMS/Other	74220	Radiologic examination; esophagus		0.000			0.46			10									
SVY	74220	Radiologic examination; esophagus	50	0.066	0.40	0.67	0.82	0.95	1.00	17	3			2	9	10	15	20	4
ACR Targeted	74220	Radiologic examination; esophagus	33	0.0221	0.40	0.65	0.75	0.89	1.00	18	3			5	10	11	15	19	4
ACR Random	74220	Radiologic examination; esophagus	17	0.0208	0.41	0.83	0.90	0.99	0.99	19	4			2	7	10	12	20	5
REC	74220	Radiologic examination; esophagus		0.0558			0.67			15	3					10			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	18	0.036			0.99			32	5					20			7
2nd REF	70450	Computed tomography, head or brain; without contrast material	6	0.065			0.85			19	4					10			5
CURRENT	74230	Swallowing function, with cineradiography/videoradiography		0.037			0.53			17	3					10			4
SVY	74230	Swallowing function, with cineradiography/videoradiography	50	0.059	0.25	0.57	0.70	0.85	2.80	15	2			2	8	10	15	30	3
ACR Targeted	74230	Swallowing function, with cineradiography/videoradiography	33	0.0160	0.25	0.50	0.65	0.80	1.00	14	2			2	8	10	15	30	2
ACR Random	74230	Swallowing function, with cineradiography/videoradiography	17	0.0181	0.36	0.66	0.81	0.85	2.80	18	3			2	7	10	15	30	5
REC	74230	Swallowing function, with cineradiography/videoradiography		0.0418			0.53			15	2					10			3

CPT Code: 74210, 74220, 74230
Specialty Society: ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

74210	Radiologic examination; pharynx and/or cervical esophagus
74220	Radiologic examination; esophagus
74230	Swallowing function, with cineradiography/videoradiography

Global Period: XXX Meeting Date: April 2017

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American College of Radiology (ACR) convened a consensus panel to finalize the practice expense data for the x-ray esophagus CPT codes 74210, 74220, and 74230.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

The societies included the existing PE inputs for CPT codes 74210, 74220, and 74230 on the spreadsheet to serve as a reference.

3. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

- **Prepare, set-up and start IV, initial positioning and monitoring of patient:** For 74230, extra time is required due to the complex nature of the patient, who is often debilitated and requires assistance.

4. Please provide rationale for the minutes you are recommending for clinical activities that do not have PE Subcommittee standards:

5. If you are requesting an increase over the current inputs in clinical staff time, supplies or equipment you must provide compelling evidence:

- **Prepare, set-up and start IV, initial positioning and monitoring of patient (CA016):** time increased to the standard 2 minutes.
- **Clean room/equipment by clinical staff (CA024):** time increased to the standard 3 minutes.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page (CA030):** The specialty feels that this was an oversight by CMS in transposing the January 2014 RUC-approved PE inputs into their database, as no PE refinements were indicated in the 2015 MPFS. This is a standard clinical activity for radiologists, for which CMS has allotted a minimum standard of 2 minutes.
- **Barium suspension (Polibar) (SH016):** the amounts of barium allocated to 74210 and 74220 are clinically necessary.

- **Professional PACS Workstation (ED053):** In the CY 2017 MPFS Final Rule, CMS finalized an equipment time for the PACS Professional Workstation which is equal to half the preservice physician work time and the full intra-service physician work time.
- **PACS Workstation Proxy (ED050):** CMS finalized an equipment time for the PACS Workstation Proxy which is equal to the clinical staff service period time.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Spreadsheet Update Workgroup and listed in tab 2, please explain the difference here:

7. Please describe in detail the clinical activities of your staff below:

Pre-Service Period Clinical Activities:

Service Period Clinical Activities:
Pre-Service (of Service Period):

- Greet patient, provide gowning, ensure appropriate medical records are available
- Prepare room, equipment and supplies
- Prepare, set-up and start IV, initial positioning and monitoring of patient

Intra-Service (of Service Period):

- Perform procedure/service—NOT directly related to physician work

Post-Service (of Service Period):

- Clean room/equipment by clinical staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD/DO
- Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.

Post-Service Period Clinical Activities:

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

For X-ray esophagus (74210, 74220):
Bring patient into x-ray room and have patient stand on x-ray table or sit in a specially modified chair, as appropriate. Position patient for the first view at the direction of the physician. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist and repeat any views as needed.

For swallowing function (74230):
Bring patient into x-ray room and have patient stand on x-ray table or sit in a specially modified chair, as appropriate. Position patient's neck for the first view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first

view. Step from behind shielding. Review the image with the supervising physician and adjust patient positioning and parameters as needed. The above steps are repeated for all subsequent views to be obtained under supervision by the physician or speech pathologist performing the procedure as needed to demonstrate the relevant anatomy and any pertinent pathology. For each image after the initial image, assist the supervising physician and speech pathologist in administering oral contrast and effervescent agents as needed to demonstrate pertinent anatomy and findings. Check all images for adequate exposure, positioning, coverage, etc. Discuss with the radiologist or speech pathologist and repeat any views as needed.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

- **PACS Workstation Proxy (ED050)** [Other formula]: Equal to the total clinical service period time
- **Professional PACS Workstation Proxy (ED053)** [Other formula]: Equal to the physician work intra service time + ½ of the physician work pre-service time.
- **Room, radiographic-fluoroscopic (EL014)** [Highly technical equipment formula]
- **Chair with headrest, exam, reclining (EF008)** [Highly technical equipment formula]

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	H	J	N	P	T
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete information about***			**74210**	**74210**	**74220**	**74220**	**74230**	**74230**
3		***RUC Collaboration Website***			Radiologic examination; pharynx and/or cervical esophagus	Radiologic examination; pharynx and/or cervical esophagus	Radiologic examination; esophagus	Radiologic examination; esophagus	Swallowing function, with cineradiography/ videoradiography	Swallowing function, with cineradiography/ videoradiography
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: X-Ray Esophagus Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**(January 2004)**	**(April 2017)**	**(January 2004)**	**(April 2017)**	**(January 2014)**	**(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**PRE-SERVICE PERIOD**								
12		**Start: Following visit when decision for surgery or procedure made**								
27		**End: When patient enters office/facility for surgery/procedure**								
28		**SERVICE PERIOD**								
29		**Start: When patient enters office/facility for surgery/procedure:**								
30		**Pre-Service (of service period)**								
31	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist	3	3	3	3	3	
35	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	2	2	2	2	2	2
38	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	1	2	1	2	6	6
46		**Intra-service (of service period)**								
50	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	13	13	13	13	15	15
57		**Post-Service (of service period)**								
60	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	3	3	3	3	3	3
66	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	5	2	5	2		2
67	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist		2		2	2	2
68	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist		1		1	1	1
69	CA033	Perform regulatory mandated quality assurance activity (service period)								
70	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)								

	A	B	D	E	F	H	J	N	P	T
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2		***standards/guidelines in column C. For more complete information about***			**74210**	**74210**	**74220**	**74220**	**74230**	**74230**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: April 2017 Tab: X-Ray Esophagus Specialty: ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	Radiologic examination; pharynx and/or cervical esophagus **(January 2004)**	Radiologic examination; pharynx and/or cervical esophagus **(April 2017)**	Radiologic examination; esophagus **(January 2004)**	Radiologic examination; esophagus **(April 2017)**	Swallowing function, with cineradiography/ videoradiography **(January 2014)**	Swallowing function, with cineradiography/ videoradiography **(April 2017)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**27.0**	**28.0**	**27.0**	**28.0**	**32.0**	**31.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
71	CA035	Review home care instructions, coordinate visits/prescriptions								
72	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
73		*Other activity: please include short clinical description here and type new in column A*								
74		*Other activity: please include short clinical description here and type new in column A*								
75		*Other activity: please include short clinical description here and type new in column A*								
76		**End: Patient leaves office**								
77		**POST-SERVICE PERIOD**								
95	**Medical Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
96	SB026	gown, patient	0.533	item	1	1	1	1	1	
97	SH016	barium suspension (Polibar)	0.018	ml	1	150		100	60	
98	SH013	barium high density susp (11-12oz uou)	3.718	item			1	1	1	1
99	SH029	effervescent granules (Sparkles, EZ Gas) (4gm uou)	2.142	item			1	1		
100	SH017	barium, honey (Varibar)	0.217	ml					60	60
101	SH018	barium, nectar (Varibar)	0.021	ml					60	60
102	SH019	barium, pudding (Varibar)	0.217	ml					60	60
103	SJ061	tongue depressor	0.012	item					1	1
104	SK017	cookie (each)	0.06	item					1	1
105	SK020	drinking straw	0.01	item					1	1
106	SK077	spoon, plastic	0.026	item					2	2
108	**Equipment Code**	**EQUIPMENT**	**PRICE**	**EQUIPMENT FORMULA**						
109	ED053	Professional PACS Workstation	14616.93	Other Formula	5	12	5	12	12	11
110	ED050	PACS Workstation Proxy	5557	Other Formula	27	28	27	28	15	31
111	EL014	room, radiographic-fluoroscopic	367664	Highly Technical Equipment Formula	27	22	27	22	28	28
112	EF008	chair with headrest, exam, reclining	4836.33	Highly Technical Equipment Formula					28	28

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

January 2019

Myocardial PET – Tab 13

In January 2017, CPT code 78492 was identified via the High Volume Growth screen with total Medicare utilization over 10,000 which increased by at least 100% from 2009 through 2014. The RUC recommended referring this code to the CPT Editorial Panel to undergo substantive descriptor changes to reflect newer technology aspects such as wall motion, ejection fraction, flow reserve, and technology updates for hardware and software. In May 2018 the CPT Editorial Panel approved deletion of a Category III code, addition of six Category I codes, and revision of three codes to separately identify component services included for myocardial imaging using positron emission tomography.

In October 2018, the RUC pre-facilitated this tab and thoroughly discussed the issues surrounding the survey of this family of services. The RUC recognized significant problems, such as these services are essentially incremental studies, of myocardial PET metabolic, myocardial PET perfusion, with or without CT studies. However, the surveyed work RVUs were non-consistent increments and the physician time increments were only 0, 2, 3 or 5 minutes different. Noting that if these were stand-alone services, the differences would most likely be larger, like 5 or 10 minutes. Likewise, the difference of work was also not consistent. The RUC explored various alternative accepted methodologies and nothing produced an appropriate valuation of these services. The RUC also noted there are limited crosswalk codes to develop work RVUs for these services. Due to the survey outcome and concern with relativity among this family of services, the RUC recommended resurveying these services for January 2019. The specialty societies indicated they would request via the Research Subcommittee to resurvey using a custom survey tool where the work RVU and physician time question would be on the same page of the survey in a tabular format — the custom survey would include additional explanatory language.

In January 2019, the specialty societies presented new survey data and recommendations that demonstrated the appropriate rank order for this family of services.

Compelling Evidence

The specialty societies indicated and the RUC agreed that there is compelling evidence that the physician work has changed for these services due to a change in technology. Myocardial PET imaging has evolved in the past two decades. There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed, the technology to perform wall motion or ejection fraction for myocardial PET perfusion did not exist, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or qualified healthcare professional.

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PET Metabolic – Single Study

78459 ***Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study;***
The RUC reviewed the survey results from 63 cardiologists and nuclear medicine physicians and determined that the survey 25th percentile work RVU of 1.61 appropriately accounts for the work required to perform CPT code 78459. The RUC recommends 10 minutes pre-service time, 15 minutes intra-service time and 8 minutes immediate post-service time. This is a PET scan instead of examining at blood flow, as with the perfusion PET, it examines metabolism using a tracer, such as glucose. The RUC agreed that CPT code 78459 requires slightly more physician work than code 78491 *Myocardial imaging PET perfusion, single study* (RUC recommended work RVU = 1.56) because the metabolic codes examine glucose uptake by the myocardium. The heart is a peculiar organ, as its primary energy source is fatty acid, not glucose like the brain and skeletal muscle. Therefore, the physician needs certain metabolic conditions to be met at the time of the tracer injection for glucose levels and patients must adhere to a specific diet prior to the injections. The metabolic scans are more interactive to insure a quality uptake scan occurs. The RUC compared the surveyed code to the key reference services 78452 *Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection* (work RVU = 1.62 and total time of 40 minutes) and 78811 *Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)* (work RVU = 1.54 and total time of 40 minutes) and noted that CPT code 78459 requires less total time but is more intense and complex to perform. Thus, appropriately valued similarly to the reference services. For additional support, the RUC also compared the surveyed code to MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74 and total time of 32 minutes). **The RUC recommends a work RVU of 1.61 for CPT code 78459.**

78429 ***Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study; with concurrently acquired computed tomography transmission scan***
The RUC reviewed the survey results from 66 cardiologists and nuclear medicine physicians and determined that the survey 25th percentile work RVU of 1.76 appropriately accounts for the work required to perform CPT code 78429. The RUC recommends 10 minutes pre-service time, 18 minutes intra-service time and 10 minutes immediate post-service time. The RUC confirmed that CPT code 78429, which includes CT, appropriately requires 3 more minutes intra-service time and 2 more minutes immediate post-service time than the myocardial PET without CT (78459). Likewise, the recommended work RVU for the *with and without CT* demonstrates the appropriate relativity. The RUC compared the surveyed code to the second key reference service 93351 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional* (work RVU = 1.75 and total time of 40 minutes) noting that both services require similar physician work, time and intensity to perform and thus should be valued similarly. For additional support, the RUC also compared the surveyed code to similar service 70552 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)* (work RVU = 1.78 and total time of 32 minutes). **The RUC recommends a work RVU of 1.76 for CPT code 78429.**

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PET Perfusion – Single Study

78491 ***Myocardial imaging, positron emission tomography, perfusion study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic)***
The RUC reviewed the survey results from 64 cardiologists and nuclear medicine physicians and determined that the survey 25th percentile work RVU of 1.56 appropriately accounts for the work required to perform CPT code 78491. The RUC recommends 8 minutes pre-service time, 15 minutes intra-service time and 7 minutes immediate post-service time. The RUC compared the surveyed code to the key reference services 78452 *Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection* (work RVU = 1.62 and total time of 40 minutes) and 78811 *Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)* (work RVU = 1.54 and total time of 40 minutes) and noted that CPT code 78491 requires less total time but is more intense and complex to perform. CPT code 78491 is slightly more intense than the key reference codes because it involves PET isotopes, whereas CPT code 78452 does not and is performed on complex patients that are high risk with multiple previous stents and CABGs. Thus, appropriately valued similarly to the reference services and maintains the relativity among these services. For additional support, the RUC also compared the surveyed code to MPC code 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74 and total time of 32 minutes). **The RUC recommends a work RVU of 1.56 for CPT code 78491.**

78430 ***Myocardial imaging, positron emission tomography, perfusion study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan***
The RUC reviewed the survey results from 61 cardiologists and nuclear medicine physicians and determined that the survey 25th percentile work RVU of 1.67 appropriately accounts for the work required to perform CPT code 78430. The RUC recommends 8 minutes pre-service time, 17 minutes intra-service time and 7 minutes immediate post-service time. The RUC confirmed that CPT code 78430, which includes concurrent CT, appropriately requires 2 more minutes intra-service time than the myocardial PET perfusion single study without CT (78491). Likewise, the recommended work RVU for the *with and without CT* demonstrates the appropriate relativity. The RUC compared the surveyed code to the key reference services 78814 *Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)* (work RVU = 2.20 and total time of 60 minutes) and noted that the survey code requires less physician time. The RUC also compared the service to second key reference code 78072 *Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization* (work RVU = 1.60 and total time of 30 minutes) and noted that CPT code 78430 is slightly more intense and complex to perform. CPT code 78430 requires less physician time and work than top key reference service 78814 and slightly more physician time and work than the second key reference service 78072. Thus, appropriately valued compared to the reference services. For additional support, the RUC also compared the surveyed code to similar code 53855 *Insertion of a temporary prostatic urethral stent, including urethral measurement* (work RVU = 1.64 and total time of 32 minutes). **The RUC recommends a work RVU of 1.67 for CPT code 78430.**

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PET Perfusion – Multiple Studies

78492 ***Myocardial imaging, positron emission tomography, perfusion study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); multiple studies at rest and stress (exercise or pharmacologic)***
The RUC reviewed the survey results from 71 cardiologists and nuclear medicine physicians and determined that the survey 25th percentile work RVU of 1.80 appropriately accounts for the work required to perform CPT code 78492. CPT code 78492 is a myocardial PET perfusion study comparing perfusion immediately following exercise and at rest. The RUC recommends 8 minutes pre-service time, 20 minutes intra-service time and 10 minutes immediate post-service time. The RUC compared the surveyed code to the key reference services 78452 *Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection* (work RVU = 1.62 and total time of 40 minutes) and 78812 *Positron emission tomography (PET) imaging; skull base to mid-thigh* (work RVU = 1.93 and total time of 50 minutes) and noted that CPT code 78492 requires less total physician time but is slightly more intense and complex to perform, thus, appropriately valued compared to the reference services. For additional support, the RUC also compared the surveyed code to MPC code 93351 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional* (work RVU = 1.75 and total time of 40 minutes) and similar service code 70552 *Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)* (work RVU = 1.78 and total time of 32 minutes). **The RUC recommends a work RVU of 1.80 for CPT code 78492.**

78431 ***Myocardial imaging, positron emission tomography, perfusion study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan***
The RUC reviewed the survey results from 64 cardiologists and nuclear medicine physicians and determined that it is appropriate to crosswalk CPT code 78431 to the work RVU of CPT code 64617 *Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed* (work RVU = 1.90 and 15 minutes pre-service evaluation pre-time, 1 minute pre-service positioning pre-time, 15 minutes intra-service time and 5 minutes immediate post-service time). The RUC determined the survey 25th percentile work RVU of 2.00 was slightly high for the addition of concurrent CT in comparison with CPT code 78492 PET, perfusion, multiple studies without CT. The RUC determined a work RVU of 1.90 and 8 minutes pre-service time, 21 minutes intra-service time and 10 minutes immediate post-service time appropriately accounts for the work and time required to perform code 78431. Therefore, the crosswalk maintains the rank order and relativity among this family of services.

The RUC compared the surveyed code to the key reference services 75574 *Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU = 2.40 and total time of 50 minutes) and 78814 *Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)* (work RVU = 2.20 and total time of 60 minutes) and noted that CPT code

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78431 requires less total physician work and time to perform. Thus, appropriately valued compared to the reference services. For additional support, the RUC referenced similar service 56821 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm* (work RVU = 1.98 and total time of 37 minutes). **The RUC recommends a work RVU of 1.90 for CPT code 78431.**

PET Perfusion Single Study + Metabolic Study

78432 ***Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);***
The RUC reviewed the survey results from 59 cardiologists and nuclear medicine physicians and determined that the survey 25th percentile work RVU of 2.07 appropriately accounts for the work required to perform CPT code 78432. The RUC recommends 10 minutes pre-service time, 22 minutes intra-service time and 10 minutes immediate post-service time. CPT code 78432 includes the myocardial PET perfusion and metabolic studies. This service is intense and is performed on complicated patients, with injection fractions less than 30% and multi-vessel coronary disease, where the physician is trying to decide if there is enough tissue that is worth re-vascularizing. The physician tries to match the perfusion flow to the metabolism to look for areas of mismatch where there is decreased flow but retained increased metabolism.

The RUC compared the surveyed code to the key reference services 75574 *Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)* (work RVU = 2.40 and total time of 50 minutes) and 78815 *Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh* (work RVU = 2.44 and total time of 65 minutes) and noted that CPT code 78432 requires less total physician time and work but is slightly more intense and complex to perform, thus, appropriately valued lower compared to the reference services. For additional support, the RUC also compared the surveyed code to similar service CPT code 56821 *Colposcopy of the vulva; with biopsy(s)* (work RVU = 12.05 and total time of 45 minutes). **The RUC recommends a work RVU of 2.07 for CPT code 78432.**

78433 ***Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan***
The RUC reviewed the survey results from 61 cardiologists and nuclear medicine physicians and determined to crosswalk CPT code 78433 to CPT code 71552 *Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences* (work RVU = 2.26 and 7.5 minutes evaluation pre-time, 24 minutes intra-service time and 10 minutes immediate post-service time). The RUC determined the survey 25th percentile work RVU of 2.30 was slightly high for the addition of CT in comparison with CPT code 78432 PET perfusion single study + metabolic study, without concurrent CT. The RUC determined a work RVU of 2.26 and 10 minutes pre-service time, 24 minutes intra-service time and 10 minutes immediate post-service time appropriately accounts for the work and time required to perform code 78433. Therefore, the crosswalk maintains the rank order and relativity among this family of services.

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The RUC compared the surveyed code to the key reference services 75561 *Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;* (work RVU = 2.60 and total time of 65 minutes) and 78815 *Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh* (work RVU = 2.44 and total time of 65 minutes) and noted that CPT code 78433 requires less total physician work and time to perform. Thus, appropriately valued compared to the reference services. **The RUC recommends a work RVU of 2.26 for CPT code 78433.**

Add-on

78434 ***Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and pharmacologic stress (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 51 cardiologists and nuclear medicine physicians and determined that the survey 25th percentile work RVU of 0.63 appropriately accounts for the work required to perform CPT code 78434. The RUC recommends 11 minutes of intra-service time. This service involves a complex integration of clinical information — it is a dynamic flow study performed real-time with an electrocardiogram. The physician must assess the flow data and ensure the quality is good enough to interpret and report since it will make major clinical differences. There are a variety of regions of interest to review and a variety of curves to match for differences between rest and stress and the physician must attempt to adjudicate those values in three different vascular beds. This is not simply the reporting of a number nor physician validation of a computer-generated number.

The RUC compared the surveyed code to the key reference services 78496 *Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)* (work RVU = 0.50 and intra-service/total time of 19 minutes) and 93567 *Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)* (work RVU = 0.97 and intra-service/total time of 15 minutes) and noted that CPT code 78434 requires similar physician work and time to perform. Thus, appropriately bracketed by the reference services. The RUC noted that the survey 25th percentile work RVU of 0.63 falls appropriately in the broader range relative to many other services. For additional support, the RUC referenced MPC codes 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80 and total time of 15 minutes) and 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)* (work RVU = 0.20 and total time of 7 minutes). **The RUC recommends a work RVU of 0.63 for CPT code 78434.**

Practice Expense

The Practice Expense Subcommittee accepted the compelling evidence as explained, based on a change in technology. The PE Subcommittee corrected the equipment minutes associated with the standard formula for highly technical equipment. The PE Subcommittee reviewed the software packages submitted and ensured only the software used per individual CPT code, per patient, per day, was included in the direct practice expense inputs. The Subcommittee discussed how the radioisotopes were transported to the lab and determined that the lead-lined transport is part

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of the indirect practice expense and removed the equipment item, *safe storage, lead-lined* (ER058). Lastly, the PE Subcommittee reduced the clinical staff time for 78432 and 78433 since the patient comes back a second time. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

New Technology
The RUC recommends that these services be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Radiology
Nuclear Medicine
Cardiovascular System

Myocardial perfusion (SPECT and PET) and cardiac blood pool imaging studies may be performed at rest and/or during stress. When performed during exercise and/or pharmacologic stress, the appropriate stress testing code from the 93015-93018 series should be reported in addition to 78451-78454,78472~~.~~, 78491,78430, 78492, 78431, 78432, 78433. PET can be performed on either a dedicated PET machine (which uses a PET source for attenuation correction) or a combination PET/CT camera (78429, 78430, 78431, 78433). A cardiac PET study performed on a PET/CT camera includes examination of the CT transmission images for review of anatomy in the field of view.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲78459	K1	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed)~~;~~ single study; ~~(For myocardial perfusion study, see 78491-78492)~~ ~~(78460-78465 have been deleted. To report, see 78451-78454)~~	XXX	1.61
●78429	K2	with concurrently acquired computed tomography transmission scan (For CT coronary calcium scoring, use 75571) (CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)	XXX	1.76
▲78491	K3	Myocardial imaging, positron emission tomography, perfusion~~;~~ study (including ventricular wall motion(s), and/or ejection	XXX	1.56

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic)		
●78430	K4	single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	XXX	1.67
▲78492	K5	multiple studies at rest and/or stress (exercise or pharmacologic)	XXX	1.80
●78431	K6	multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	XXX	1.90
●78432	K7	Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);	XXX	2.07
●78433	K8	with concurrently acquired computed tomography transmission scan (CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)	XXX	2.26
+●78434	K9	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and pharmacologic stress (List separately in addition to code for primary procedure) (Use 78434 in conjunction with 78492, 78431) (For myocardial imaging by planar or SPECT, see 78451, 78452, 78453, 78454) (For CT coronary calcium scoring, use 75571)	ZZZ	0.63
Category III Codes				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~**D**+0482T~~	-	~~*Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)*~~ (0482T has been deleted) (For absolute quantitation myocardial blood flow for cardiac PET, use 78434) ~~(Use 0482T in conjunction with 78491, 78492)~~ ~~(For myocardial imaging metabolic evaluation, use 78459)~~ ~~(For positron emission tomography [PET]myocardial perfusion study, see 78491, 78492)~~	ZZZ	N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78459 Tracking Number K1 Original Specialty Recommended RVU: **1.61**
Presented Recommended RVU: **1.61**
Global Period: XXX Current Work RVU: **1.50** RUC Recommended RVU: **1.61**

CPT Descriptor: Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male patient with ischemic cardiomyopathy and reduced LV function is being considered for coronary revascularization. PET myocardial metabolic evaluation is requested to determine viability of some left ventricular segments to guide therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The ordering physician is consulted, (when necessary) to clarify the indications, and whether the study is being performed for evaluation of hibernation or inflammation. The protocol for administering glucose and insulin is determined depending on the patient's history, patient's glucose level, specifically the presence or absence of diabetes, and patient specific medication and patient specific diet instructions for the day of the study are determined and provided to the patient. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician evaluates the adequacy of the patient diet preparation and reviews the current glucose level for the patient with the nuclear medicine technologist or nurse and directs technologist or nurse to adjust as necessary. Blood glucose is checked for all patients prior to the administration of F-18 FDG. The physician is available to prescribe, oversee, and direct the oral or IV administration of glucose, iv doses of insulin and heparin, as appropriate. The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. After the radiopharmaceutical is administered the patient leaves the area for approximately 1 hour. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion and/or ejection fraction are performed, the patient's cardiac rhythm is assessed. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The study consists of an acquisition of tomographic PET data set and synchronized (gated) to the patient's ECG when performed. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews the PET images for artifacts and abnormal extracardiac distribution and verifies registration of the attenuation maps. Assess ventricular function, when performed, by obtaining an overall ejection fraction and evaluating regional wall motion, using a standardized segment model for the data set with each segment scored as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Analyze wall motion, when performed, qualitatively for motion and thickening. The extent and distribution of wall motion abnormalities is used to judge the amount of underlying myocardial scar. Next, the distribution of radiopharmaceutical uptake and the relationship to vascular geographic territories is assessed. For viability assessment, regions with lack of uptake or uptake less than 50% of normal segments are recorded as nonviable. For inflammation assessment, regions with myocardial uptake are recorded as consistent with inflammation. Potential sources of error are examined including correct region of interest for ventricular wall motion and digitally obtained ejection fraction and patient factors such as incomplete dietary preparation or persistent insulin resistance that would explain unanticipated distribution of radiotracer. Results of wall motion assessment, radiotracer uptake pattern and prior perfusion data, when available, are integrated to determine the presence of viability, hibernating myocardium, scar/fibrosis, and inflammation, as appropriate. Results are attributed to vascular territories. Comparison is made to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)					
CPT Code:	78459					
Sample Size:	3319	**Resp N:**	63	**Response:** 1.8 %		
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	5.00	100.00
Survey RVW:	0.30	1.61	**1.76**	2.10	3.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:					
Pre-Service Scrub, Dress, Wait Time:					
Intra-Service Time:	4.00	10.00	**15.00**	20.00	120.00

Immediate Post Service-Time:	**8.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78459	**Recommended Physician Work RVU: 1.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78452	XXX	1.62	**RUC Time**

CPT Descriptor Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78811	XXX	1.54	**RUC Time**

CPT Descriptor Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	107,627

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,286,799

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
70548	XXX	1.50	**RUC Time**

CPT Descriptor Magnetic resonance angiography, neck; with contrast material(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 19.0 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 17.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 78459	**Top Key Reference CPT Code:** 78452	**2nd Key Reference CPT Code:** **78811**
Median Pre-Service Time	10.00	10.00	10.00
Median Intra-Service Time	15.00	20.00	20.00
Median Immediate Post-service Time	8.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**33.00**	**40.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	8%	50%	25%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	18%	45%	27%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies

referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78431 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time

78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
78459	PET metabolic (FDG study)			1.61	15	33
78429	PET metabolic (FDG study)	CT		1.76	18	38
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs	2.00	21	39
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

Incorrect assumptions/flawed methodology*:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78459 Rationale

78459 is an existing code that was updated to describe single cardiac PET metabolic study as it is performed in 2018, including wall motion(s) and ejection fraction(s) when they are performed. Survey respondents estimated this single PET study to take 10 minutes preservice, 15 minutes intraservice, and 8 minutes postservice. The median performance rate for this code was 0, so results are also broken out to show results from respondents that indicated experience with the service versus those without (recent) experience. The two groups' responses show that those who performed the service gave higher times, while those that did not provided lower times. Our experience tells us that those who perform the service did a better job at valuing the RVW and times than those that did not perform the service. As is the standard for RUC we relied on the combined data to develop our recommendations.

Twelve respondents (19%) selected code 78452 for myocardial SPECT as the KRS. Respondents generally indicated 78459 to be identical or more intense/complex in comparison to the KRS. Eleven respondents (17%) selected 78811 for limited PET as the second KRS. Respondents indicated 78459 to be identical or more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 1.61 with median survey times of 10 minutes preservice, 15 minutes intraservice, and 8 minutes postservice for 78459. This recommendation falls between MPC code 70470 for CT head that has an identical 15 minutes of intraservice time but less total time and RVUs, and MPC code 74176 for CT abdomen that has more intraservice time and work but 1 minute less total time. We think it is best supported by comparison to 70548 for MR angiography of the neck that has an identical 15 minutes of intraservice time, but slightly shorter total time (25 minutes) and lower work RVU (1.50) as indicated on the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78459

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database times 3

Specialty Diagnostic Radiology Frequency 990 Percentage 33.00 %

Specialty Cardardiology Frequency 990 Percentage 33.00 %

Specialty Nuclear Medicine Frequency 930 Percentage 31.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Diagnostic Radiology Frequency 330 Percentage 33.00 %

Specialty Cardardiology Frequency 330 Percentage 33.00 %

Specialty Nuclear Medicine Frequency 310 Percentage 31.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 78459

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78429 Tracking Number K2 Original Specialty Recommended RVU: **1.76**
Presented Recommended RVU: **1.76**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.76**

CPT Descriptor: Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study; with concurrently acquired computed tomography transmission scan
(For CT coronary calcium scoring, use 75571)
(CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male patient with chronic ischemic heart disease and probable myocardial scar on PET myocardial perfusion imaging is referred for PET cardiac metabolic imaging with combined CT localization review and registration to help determine myocardial viability.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The ordering physician is consulted, (when necessary) to clarify the indications, and whether the study is being performed for evaluation of hibernation or inflammation. The protocol for administering glucose and insulin is determined depending on the patient's history, patient's glucose level, specifically the presence or absence of diabetes, and patient specific medication and patient specific diet instructions for the day of the study are determined and provided to the patient. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician evaluates the adequacy of the patient diet preparation and reviews the current glucose level for the patient with the nuclear medicine technologist or nurse and directs technologist or nurse to adjust as necessary. Blood glucose is checked for all patients prior to the administration of F-18 FDG. The physician is available to prescribe, oversee, and direct the oral or IV administration of glucose, iv doses of insulin and heparin, as appropriate. The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. After the radiopharmaceutical is administered the patient leaves the area for approximately 1 hour. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion and/or ejection fraction are performed, the patient's cardiac rhythm is assessed. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The study consists of an acquisition of tomographic PET and synchronized (gated) to the patient's ECG when performed. The PET acquisition data is followed by a separate limited CT study without moving the patient. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews the PET images for artifacts and abnormal extracardiac distribution. CT data are used to generate attenuation corrected images in all three planes. Additional fused images from the PET and CT are constructed to correlate the anatomic position of radiopharmaceutical accumulation with the current patient anatomy (creating an interpretation display of multiple PET images, multiple CT images, and multiple fused PET images on top of CT images). The physician reviews the CT transmission scan data for proper registration, relevant cardiovascular findings/cardiovascular diagnoses, and for anatomy. The low resolution chest CT attenuation map typically includes, but is not limited to: coronary calcifications (including a visual estimate of severity and extent), pericardial effusions, pleural effusions, pleural calcifications, ascending aortic aneurysms, descending aortic aneurysms, left atrial enlargement, dilation of the pulmonary artery, pericardial thickening and calcifications, thoracic aortic calcification, heavy aortic valve calcification (an adjunctive test for aortic valve stenosis when performed on gated non-contrast CT), large hiatal hernias, elevated hemi-diaphragms, large pneumonias and lung masses. Assess ventricular function, when performed, by obtaining an overall ejection fraction and evaluating regional wall motion, using a standardized segment model for the data set with each segment scored as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Analyze wall motion, when performed, qualitatively for motion and thickening. The extent and distribution of wall motion abnormalities is used to judge the amount of underlying myocardial scar. Next, the distribution of radiopharmaceutical uptake and the relationship to vascular geographic territories is assessed. For viability assessment, regions with lack of uptake or uptake less than 50% of normal segments are recorded as nonviable. For inflammation assessment, regions with myocardial uptake are recorded as consistent with inflammation. Potential sources of error are examined including correct region of interest for ventricular wall motion and digitally obtained ejection fraction and patient factors such as incomplete dietary preparation or persistent insulin resistance that would explain unanticipated distribution of radiotracer. Results of wall motion assessment, radiotracer uptake pattern and prior perfusion data, when available, are integrated to determine the presence of viability, hibernating myocardium, scar/fibrosis, and inflammation, as appropriate. Results are attributed to vascular territories. Comparison is made to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)					
CPT Code:	78429					
Sample Size:	3319	**Resp N:**	66	**Response:** 1.9 %		
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**9.00**	25.00	350.00
Survey RVW:	0.40	1.76	**2.10**	2.38	3.12
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**18.00**	29.00	120.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78429	**Recommended Physician Work RVU: 1.76**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**18.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78814	XXX	2.20	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93351	XXX	1.75	**RUC Time**

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	248,760

CPT Descriptor 1 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.75	**RUC Time**	2,278,700

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
70552	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 13.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 78429	Top Key Reference CPT Code: 78814	2nd Key Reference CPT Code: **93351**
Median Pre-Service Time	10.00	15.00	10.00
Median Intra-Service Time	18.00	30.00	20.00
Median Immediate Post-service Time	10.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**38.00**	**60.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	28%	22%	44%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	22%	56%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent

distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time
78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
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78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
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78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation,

computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

Incorrect assumptions/flawed methodology*:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78429 Rationale

78429 is a new code that describes the work to interpret a single cardiac PET metabolic study that is performed with a concurrently acquired CT transmission scan. Survey respondents estimated a PET metabolic study with CT to take 10 minutes preservice, 20 minutes intraservice, and 10 minutes postservice.

Eighteen respondents (31%) selected code 78814 for limited PET with CT as the KRS. Respondents generally indicated 78429 to be similar to somewhat more intense/complex in comparison to the KRS. Nine respondents (16%) selected 93351 for stress echo as the second KRS. Respondents generally indicated 78429 to be more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 1.76 with median survey times of 10 minutes preservice, 18 minutes intraservice, and 10 minutes postservice for 78X29. This recommendation fits between MPC (and second KRS) code 93351 for stress echo with slightly longer (2 minutes) intraservice and total time that respondents felt was less intense/complex than 78429, and 92004 for a new patient ophthalmological exam.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78459

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database times 3

Specialty Diagnostic Radiology Frequency 990 Percentage 33.00 %

Specialty Cardiology Frequency 990 Percentage 33.00 %

Specialty Nuclear Medicine Frequency 930 Percentage 31.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Diagnostic Radiology Frequency 330 Percentage 33.00 %

Specialty Cardiology Frequency 330 Percentage 33.00 %

Specialty Nuclear Medcine Frequency 310 Percentage 31.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78459

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78491 Tracking Number K3 Original Specialty Recommended RVU: **1.56**
Presented Recommended RVU: **1.56**
Global Period: XXX Current Work RVU: **1.50** RUC Recommended RVU: **1.56**

CPT Descriptor: Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male patient has normal resting myocardial perfusion by single photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), but a previous stress SPECT MPI study was non-diagnostic because of attenuation artifact. A single study PET MPI study was requested to determine the presence and severity of obstructive coronary artery disease

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations. For stress imaging, the physician confirms absence of contraindications to stress testing.

Description of Intra-Service Work: TThe physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion and/or ejection fraction are performed, assess the patient's cardiac rhythm. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The study consists of an acquisition of a single resting or stress tomographic PET study synchronized (gated) to the patient's ECG when performed. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews all images for artifacts and abnormal extracardiac distribution. The physician interprets the single study stress or rest PET emission data including myocardial tracer uptake, cardiac wall motion, and left ventricular ejection fraction and examines the PET data. Reconstructed images in three planes are reviewed. Verify registration of the attenuation maps. Images are semi-quantitatively scored on a standard segmental model as normal uptake, mildly reduced, moderately reduced, severely reduced or absent. Findings are attributed to coronary vascular territories. Gated images, when performed, are scored qualitatively for motion and thickening. The data set is analyzed in a standardized segmental model as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Overall left

ventricular ejection fraction, when performed, is validated visually by checking the regions of interest that were selected for the calculation. Results of LV function (when performed) and radiotracer uptake (perfusion) are correlated. Results are compared to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)					
CPT Code:	78491					
Sample Size:	3319	**Resp N:**	64	**Response:** 1.9 %		
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	10.00	200.00
Survey RVW:	0.30	1.56	**1.70**	1.96	3.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	20.00	80.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78491	**Recommended Physician Work RVU: 1.56**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78452	XXX	1.62	**RUC Time**

CPT Descriptor Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78811	XXX	1.54	**RUC Time**

CPT Descriptor Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	107,627

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,286,799

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
70548	XXX	1.50	**RUC Time**

CPT Descriptor Magnetic resonance angiography, neck; with contrast material(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 21.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 78491	Top Key Reference CPT Code: 78452	2nd Key Reference CPT Code: **78811**
Median Pre-Service Time	8.00	10.00	10.00
Median Intra-Service Time	15.00	20.00	20.00
Median Immediate Post-service Time	7.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**40.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	25%	25%	44%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	57%	36%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies

referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time

78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
78459	PET metabolic (FDG study)			1.61	15	33
78429	PET metabolic (FDG study)	CT		1.76	18	38
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs	2.00	21	39
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

Incorrect assumptions/flawed methodology*:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78491 Rationale

78491 is an existing code that was updated to describe single cardiac PET perfusion as it is performed in 2018, including wall motion(s) and ejection fraction(s) when they are performed. Survey respondents estimated this single PET study to take 8 minutes preservice, 15 minutes intraservice, and 7 minutes postservice. The median performance rate for this code was 0, so results are also broken out to show results from respondents that indicated experience with the service versus those without (recent) experience. The two groups' responses show that those who performed the service gave higher times, while those that did not provided lower times. Our experience tells us that those who perform the service did a better job at valuing the RVW and times than those that did not perform the service. However, as is the standard for RUC we relied on the combined data to develop our recommendations.

Sixteen respondents (25%) selected code 78452 for myocardial SPECT as the KRS. Respondents generally indicated 78491 to be somewhat more intense/complex in comparison to the KRS. Fourteen respondents (22%) selected 78811 for limited PET as the second KRS. Most respondents indicated 78491 to be identical or more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 1.56 with median survey times of 8 minutes preservice, 15 minutes intraservice, and 7 minutes postservice for 78491. This recommendation falls between MPC code 70470 for CT head that has an identical 15 minutes of intraservice time but less total time and RVUs, and MPC code 74176 for CT abdomen that has more intraservice time and work but 2 more minutes total time. We think it is best supported by comparison to 70548 for MR angiography of the neck that has an identical 15 minutes of intraservice time, but 5 minutes shorter total time (25 minutes) and lower work RVU (1.50) as indicated on the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78491

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 4500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database times 3

Specialty Diagnostic Radiology Frequency 990 Percentage 22.00 %

Specialty Cardardiology Frequency 2025 Percentage 45.00 %

Specialty Nuclear Medicine Frequency 1350 Percentage 30.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Diagnostic Radiology Frequency 330 Percentage 22.00 %

Specialty Cardardiology Frequency 675 Percentage 45.00 %

Specialty Nuclear Medicine Frequency 450 Percentage 30.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 78491

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78430 Tracking Number K4 Original Specialty Recommended RVU: **1.67**
Presented Recommended RVU: **1.67**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.67**

CPT Descriptor: Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male patient without known coronary artery disease has normal resting myocardial perfusion by single photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), a previous stress SPECT MPI study was non-diagnostic because of attenuation artifact. A single study PET MPI study with combined CT localization review and registration was requested to determine the presence and severity of obstructive coronary artery disease including an estimate of coronary atherosclerotic burden.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations. For stress imaging, the physician confirms absence of contraindications to stress testing.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion and/or ejection fraction are performed, assess the patient's cardiac rhythm. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The study consists of an acquisition of a single resting or stress tomographic PET study and synchronized (gated) to the patient's ECG when performed. The PET acquisition data is followed by a separate limited CT study without moving the patient. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews all images for artifacts and abnormal extracardiac distribution. CT data are used to generate attenuation corrected images in all three planes. Additional fused images from the PET and CT are constructed to correlate the anatomic position of radiopharmaceutical accumulation with the current patient anatomy (creating an interpretation display of multiple PET images, multiple CT images, and multiple fused PET images on top of CT images). The physician

reviews the CT transmission scan data for proper registration, relevant cardiovascular findings/cardiovascular diagnoses, and for anatomy. The low resolution chest CT attenuation map typically includes, but is not limited to: coronary calcifications (including a visual estimate of severity and extent), pericardial effusions, pleural effusions, pleural calcifications, ascending aortic aneurysms, descending aortic aneurysms, left atrial enlargement, dilation of the pulmonary artery, pericardial thickening and calcifications, thoracic aortic calcification, heavy aortic valve calcification (an adjunctive test for aortic valve stenosis when performed on gated non-contrast CT), large hiatal hernias, elevated hemi-diaphragms, large pneumonias and lung masses. The physician interprets the single study stress or rest PET emission data including myocardial tracer uptake, cardiac wall motion, and left ventricular ejection fraction and examines the PET data. Reconstructed images in three planes are reviewed. Verify registration of the attenuation maps. Images are semi-quantitatively scored on a standard segmental model as normal uptake, mildly reduced, moderately reduced, severely reduced or absent. Findings are attributed to coronary vascular territories. Gated images, when performed, are scored qualitatively for motion and thickening. The data set is analyzed in a standardized segmental model as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Overall left ventricular ejection fraction, when performed, is validated visually by checking the regions of interest that were selected for the calculation. Results of LV function (when performed) and radiotracer uptake (perfusion) are correlated. Results are compared to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)					
CPT Code:	78430					
Sample Size:	3319	**Resp N:**	61	**Response:** 1.8 %		
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	12.00	150.00
Survey RVW:	0.50	1.67	**1.85**	2.20	3.10
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**17.00**	23.00	55.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78430	**Recommended Physician Work RVU: 1.67**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**17.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78814	XXX	2.20	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78072	XXX	1.60	**RUC Time**

CPT Descriptor Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	107,627

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74176	XXX	1.74	**RUC Time**	2,286,799

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

Other Reference CPT Code	Global	Work RVU	Time Source
53855	000	1.64	**RUC Time**

CPT Descriptor Insertion of a temporary prostatic urethral stent, including urethral measurement

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 22.9 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 78430	Top Key Reference CPT Code: 78814	2nd Key Reference CPT Code: **78072**
Median Pre-Service Time	8.00	15.00	5.00
Median Intra-Service Time	17.00	30.00	20.00
Median Immediate Post-service Time	7.00	15.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**32.00**	**60.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	36%	43%	14%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	10%	40%	40%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies

referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78432 or 78433 adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time

78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
78459	PET metabolic (FDG study)			1.61	15	33
78429	PET metabolic (FDG study)	CT		1.76	18	38
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs	2.00	21	39
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

Incorrect assumptions/flawed methodology*:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78430 Rationale

78430is a new code that describes the work to interpret a single cardiac PET perfusion study that is performed with a concurrently acquired CT transmission scan. Survey respondents estimated this single PET perfusion study with CT to take 8 minutes preservice, 17 minutes intraservice, and 7 minutes postservice. The median performance rate for this code was 0, so results are also broken out to show results from respondents that indicated experience with the service versus those without (recent) experience. The two groups' responses show that those who performed the service gave higher times, while those that did not provided lower times. Our experience tells us that those who perform the service did a better job at valuing the RVW and times than those that did not perform the service. As is the standard for RUC we relied on the combined data to develop our recommendations.

Fourteen respondents (23%) selected code 78814 for limited PET with CT as the KRS. Respondents generally indicated 78430 to be identical or more intense/complex in comparison to the KRS. Ten respondents (16%) selected 78072 for parathyroid SPECT/CT as the second KRS. Most respondents indicated 78430 to be identical or more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 1.67 with median survey times of 8 minutes preservice, 17 minutes intraservice, and 7 minutes postservice for 78459. This recommendation falls between MPC code 70470 for CT head that has 2 minutes less intraservice, total time, and RVUs, and MPC code 74176 for CT abdomen that has more intraservice time and work but identical total time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78491

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3600
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database times 3

Specialty Diagnostic Radiology Frequency 792 Percentage 22.00 %

Specialty Cardardiology Frequency 1620 Percentage 45.00 %

Specialty Nuclear Medicine Frequency 1080 Percentage 30.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Diagnostic Radiology Frequency 264 Percentage 22.00 %

Specialty Cardardiology Frequency 540 Percentage 45.00 %

Specialty Nuclear Medicine Frequency 360 Percentage 30.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78491

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78492 Tracking Number K5 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: XXX Current Work RVU: **1.87** RUC Recommended RVU: **1.80**

CPT Descriptor: Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); multiple studies at rest and stress (exercise or pharmacologic)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old female patient has known coronary artery disease and left bundle branch block on ECG and symptoms suggestive of angina pectoris. A rest / stress PET myocardial perfusion imaging study is requested to determine the presence and severity of cardiac ischemia.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations. For stress imaging, the physician confirms absence of contraindications to stress testing.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion and/or ejection fraction are performed, assess the patient's cardiac rhythm. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The study consists of acquisitions of both resting and stress tomographic PET studies synchronized (gated) to the patient's ECG when performed. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews all images for artifacts and abnormal extracardiac distribution. The physician interprets and correlates both stress and rest PET emission data including myocardial tracer uptake, cardiac wall motion, and left ventricular ejection fraction and examines the PET data. Reconstructed images in three planes are reviewed. Verify registration of the attenuation maps. Images are semi-quantitatively scored on a standard segmental model as normal uptake, mildly reduced, moderately reduced, severely reduced or absent. This is performed for rest and stress images. The information derived from rest and stress images is integrated to determine the presence of normal perfusion, reversible defects indicating ischemia, fixed defects indicating infarction, or a combination thereof. Findings are attributed to coronary vascular territories. Abnormal changes in left ventricular size between rest and stress images are noted if present.

Gated images, when performed, are scored qualitatively for motion and thickening for both rest and stress images. The data set is analyzed in a standardized segmental model as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Normal increase or, If present, abnormal decline in global left ventricular function or changes in regional wall motion between rest and stress are noted. Overall left ventricular ejection fraction, when performed, is validated visually by checking the regions of interest that were selected for the calculation. Results of LV function (when performed), LV size, and radiotracer uptake (perfusion) at rest and stress are correlated to make a final assessment of myocardial perfusion, inducible ischemia, and ventricular function and determine the presence or absence of high risk findings. Results are compared to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)				
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)				
CPT Code:	78492				
Sample Size:	3319	**Resp N:**	71	**Response:** 2.1 %	
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	88.00	2500.00
Survey RVW:	0.60	1.80	**2.10**	2.44	4.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	12.00	**20.00**	30.00	100.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78492	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78452	XXX	1.62	**RUC Time**

CPT Descriptor Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78812	XXX	1.93	**RUC Time**

CPT Descriptor Positron emission tomography (PET) imaging; skull base to mid-thigh

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	248,760

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92004	XXX	1.82	**RUC Time**	2,278,700

CPT Descriptor 2 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

Other Reference CPT Code	Global	Work RVU	Time Source
70552	XXX	1.78	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 22.5 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 15.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 78492	Top Key Reference CPT Code: 78452	2nd Key Reference CPT Code: **78812**
Median Pre-Service Time	8.00	10.00	10.00
Median Intra-Service Time	20.00	20.00	30.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**38.00**	**40.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	25%	38%	38%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	9%	36%	36%	18%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies

referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78432 or 78433 adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time

78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
78459	PET metabolic (FDG study)			1.61	15	33
78429	PET metabolic (FDG study)	CT		1.76	18	38
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs	2.00	21	39
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

***Incorrect assumptions/flawed methodology**:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78492 Rationale

78492 is an existing code that was updated to describe a multiple cardiac PET perfusion study as it is performed in 2018, including wall motion(s) and ejection fraction(s) when they are performed. Survey respondents estimated this multiple perfusion PET study to take 8 minutes preservice, 20 minutes intraservice, and 10 minutes postservice. The median performance rate for this code was 0, so results are also broken out to show results from respondents that indicated experience with the service versus those without (recent) experience. The two groups' responses show that those who performed the service gave higher times, while those that did not provided lower times. Our experience tells us that those who perform the service did a better job at valuing the RVW and times than those that did not perform the service. As is the standard for RUC we relied on the combined data to develop our recommendations.

Twelve respondents (23%) selected code 78452 for myocardial SPECT as the KRS. Respondents generally indicated 78492 to be more intense/complex in comparison to the KRS. Eleven respondents (15%) selected 78812 for PET from skull base to thigh as the second KRS. Most respondents indicated 78492 to be identical or more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 1.80 with median survey times of 8 minutes preservice, 20 minutes intraservice, and 10 minutes postservice for 78492. This recommendation fits between less intense MPC code 93351 for stress echo with identical intraservice time and slightly longer (2 minutes) total time, and 92004 for a new patient ophthalmological exam, that has more intraservice, total time, and work RVUs.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78492

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 225000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database times 3

Specialty Diagnostic Radiology Frequency 15750 Percentage 7.00 %

Specialty Cardardiology Frequency 180000 Percentage 80.00 %

Specialty Nuclear Medicine Frequency 24750 Percentage 11.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 75,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Diagnostic Radiology Frequency 5250 Percentage 7.00 %

Specialty Cardardiology Frequency 60000 Percentage 80.00 %

Specialty Nuclear Medicine Frequency 8250 Percentage 11.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 78492

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78431 Tracking Number K6 Original Specialty Recommended RVU: **2.00**
Presented Recommended RVU: **1.90**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.90**

CPT Descriptor: Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed);multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 69-year-old female patient without known coronary artery disease has symptoms suggestive of angina pectoris. A rest/stress PET myocardial perfusion imaging study with combined CT localization review and registration is requested to determine the presence and severity of cardiac ischemia as well as an estimate of coronary atherosclerotic burden

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations. For stress imaging, the physician confirms absence of contraindications to stress testing.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion and/or ejection fraction are performed, assess the patient's cardiac rhythm. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The study consists of an acquisition of both resting and stress tomographic PET studies synchronized (gated) to the patient's ECG when performed. The PET acquisition data are each followed by separate limited CT study without moving the patient. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews all images for artifacts and abnormal extracardiac distribution. CT data are used to generate attenuation corrected images in all three planes. Additional fused images from the PET and CT are constructed to correlate the anatomic position of radiopharmaceutical accumulation with the current patient anatomy (creating an interpretation display of multiple PET images, multiple CT images, and multiple fused PET images on top of CT images). The physician reviews the CT transmission scan data for proper registration, relevant cardiovascular findings/cardiovascular diagnoses,

and for anatomy. The low resolution chest CT attenuation map typically includes, but is not limited to: coronary calcifications (including a visual estimate of severity and extent), pericardial effusions, pleural effusions, pleural calcifications, ascending aortic aneurysms, descending aortic aneurysms, left atrial enlargement, dilation of the pulmonary artery, pericardial thickening and calcifications, thoracic aortic calcification, heavy aortic valve calcification (an adjunctive test for aortic valve stenosis when performed on gated non-contrast CT), large hiatal hernias, elevated hemi-diaphragms, large pneumonias and lung masses. The physician interprets and correlates both stress and rest PET emission data including myocardial tracer uptake, cardiac wall motion, and left ventricular ejection fraction and examines the PET data. Reconstructed images in three planes are reviewed. Verify registration of the attenuation maps. Images are semi-quantitatively scored on a standard segmental model as normal uptake, mildly reduced, moderately reduced, severely reduced or absent. Findings are attributed to coronary vascular territories. Gated images, when performed, are scored qualitatively for motion and thickening. The data set is analyzed in a standardized segmental model as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Overall left ventricular ejection fraction, when performed, is validated visually by checking the regions of interest that were selected for the calculation. Results of LV function (when performed) and radiotracer uptake (perfusion) are correlated. Results are compared to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)					
CPT Code:	78431					
Sample Size:	3319	**Resp N:**	64	**Response:** 1.9 %		
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**7.00**	10.00	3000.00
Survey RVW:	1.00	2.00	**2.30**	2.60	4.00
Pre-Service Evaluation Time:			**8.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	13.00	**21.00**	32.00	85.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78431	**Recommended Physician Work RVU: 1.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**21.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75574	XXX	2.40	**RUC Time**

CPT Descriptor Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78814	XXX	2.20	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	248,760

CPT Descriptor 1 CEchocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74178	XXX	2.00	**RUC Time**	533,678

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions

Other Reference CPT Code	Global	Work RVU	Time Source
12015	000	1.98	**RUC Time**

CPT Descriptor Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 21.8 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 78431	**Top Key Reference CPT Code:** 75574	**2nd Key Reference CPT Code:** **78814**
Median Pre-Service Time	8.00	10.00	15.00
Median Intra-Service Time	21.00	30.00	30.00
Median Immediate Post-service Time	10.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**39.00**	**50.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	36%	29%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	30%	50%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent

distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time
78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
78459	PET metabolic (FDG study)			1.61	15	33
78429	PET metabolic (FDG study)	CT		1.76	18	38
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs	2.00	21	39
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation,

computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

Incorrect assumptions/flawed methodology*:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78431 Rationale

79431 is a new code that describes the work to interpret a multiple cardiac PET perfusion study that is performed with a concurrently acquired CT transmission scan. Survey respondents estimated a multiple PET perfusion study with CT to take 8 minutes preservice, 21 minutes intraservice, and 10 minutes postservice.

Fourteen respondents (24%) selected code 75574 for cardiac CT angiography as the KRS. Most respondents indicated 78431 to be more intense/complex in comparison to the KRS. Ten respondents (17%) selected 78814 for limited PET with CT as the second KRS. Most respondents indicated 78X32 to be more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 2.00 with median survey times of 8 minutes preservice, 21 minutes intraservice, and 10 minutes postservice for 78431. This recommendation fits between MPC code 93351 for stress echo with 1 minute shorter intraservice time and slightly longer (1 minutes) total time, and 74178 for abdomen/pelvis CT that has more intraservice time with 1 minute more total time than 78431.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 93015-93017 stress test

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FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78492

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 225000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database times 3

Specialty Diagnostic Radiology Frequency 15750 Percentage 7.00 %

Specialty Cardardiology Frequency 180000 Percentage 80.00 %

Specialty Nuclear Medicine Frequency 24750 Percentage 11.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 75,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Diagnostic Radiology Frequency 5250 Percentage 7.00 %

Specialty Cardardiology Frequency 60000 Percentage 80.00 %

Specialty Nuclear Medicine Frequency 8250 Percentage 11.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78492

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78432 Tracking Number K7 Original Specialty Recommended RVU: **2.07**
Presented Recommended RVU: **2.07**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.07**

CPT Descriptor: Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female patient has an ischemic cardiomyopathy with severely diminished left ventricular contractile function and three vessel occlusive coronary artery disease. A combined metabolic and perfusion PET stud(ies) is requested to determine myocardial viability to help guide revascularization therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The ordering physician is consulted, (when necessary) to clarify the indications, and whether the study is being performed for evaluation of hibernation or inflammation. The protocol for administering glucose and insulin is determined depending on the patient's history, patient's glucose level, specifically the presence or absence of diabetes, and patient specific medication and patient specific diet instructions for the day of the study are determined and provided to the patient. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician evaluates the adequacy of the patient diet preparation and reviews the current glucose level for the patient with the nuclear medicine technologist or nurse and directs technologist or nurse to adjust as necessary. Blood glucose is checked for all patients prior to the administration of F-18 FDG. The physician is available to prescribe, oversee, and direct the oral or IV administration of glucose, iv doses of insulin and heparin, as appropriate. The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. After the radiopharmaceutical is administered the patient leaves the area for approximately 1 hour. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion and/or ejection fraction are performed, the patient's cardiac rhythm is assessed. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The dual radiopharmaceutical multiple set of studies consists of typically a resting perfusion plus a complete metabolic study with acquisitions of tomographic PET data sets and synchronized (gated) to the patient's ECG when performed.

Therefore, this service represents all aspect of CPT 78491 plus 78459. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews the PET images for artifacts and abnormal extracardiac distribution and verifies registration of the attenuation maps for both perfusion and metabolic data sets. Assess ventricular function, when performed, by obtaining an overall ejection fraction and evaluating regional wall motion, using a standardized segment model for the data set with each segment scored as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Analyze wall motion, when performed, qualitatively for motion and thickening. The extent and distribution of wall motion abnormalities is used to judge the amount of underlying myocardial scar. Next, the distribution of radiopharmaceutical uptake and the relationship to vascular geographic territories is assessed for both perfusion and metabolic images. The physician examines myocardial tracer uptake on the rest perfusion study. For this, reconstructed images in three planes are reviewed. Verify registration of the attenuation maps. Images are semi-quantitatively scored on a standard segmental model as normal uptake, mildly reduced, moderately reduced, severely reduced or absent. Findings are attributed to coronary vascular territories. The physician then examines radiotracer uptake on the metabolic images. For viability assessment, regions with lack of uptake or uptake less than 50% of normal segments are recorded as nonviable. For inflammation assessment, regions with myocardial uptake are recorded as consistent with inflammation. Potential sources of error are examined including correct region of interest for ventricular wall motion and digitally obtained ejection fraction and patient factors such as incomplete dietary preparation or persistent insulin resistance that would explain unanticipated distribution of radiotracer. Results of wall motion assessment (when performed), radiotracer uptake pattern on the metabolic image set, and myocardial uptake on the perfusion image setare integrated to determine the presence of viability, hibernating myocardium, scar/fibrosis, and inflammation, as appropriate. Results are attributed to vascular territories. Comparison is made to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)					
CPT Code:	78432					
Sample Size:	3319	**Resp N:**	59	**Response:** 1.7 %		
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	5.00	300.00
Survey RVW:	0.70	2.07	**2.40**	2.57	4.20
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	14.00	**22.00**	34.00	200.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78432	**Recommended Physician Work RVU: 2.07**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**22.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75574	XXX	2.40	**RUC Time**

CPT Descriptor Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78815	XXX	2.44	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	248,760

CPT Descriptor 1 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72158	XXX	2.29	**RUC Time**	255,396

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

Other Reference CPT Code	Global	Work RVU	Time Source
56821	000	2.05	**RUC Time**

CPT Descriptor Colposcopy of the vulva; with biopsy(s)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 25.4 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 23.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 78432	Top Key Reference CPT Code: 75574	2nd Key Reference CPT Code: **78815**
Median Pre-Service Time	10.00	10.00	15.00
Median Intra-Service Time	22.00	30.00	35.00
Median Immediate Post-service Time	10.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**42.00**	**50.00**	**65.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	47%	20%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	7%	64%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent

distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time
78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
78459	PET metabolic (FDG study)			1.61	15	33
78429	PET metabolic (FDG study)	CT		1.76	18	38
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs	2.00	21	39
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation,

computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

Incorrect assumptions/flawed methodology*:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78432 Rationale

78432is a new code that describes the work to interpret a dual tracer combined study, which includes a cardiac PET perfusion study and a cardiac PET metabolic study. CT is not performed as part of this service. Survey respondents estimated a dual tracer PET study with CT to take 10 minutes preservice, 22 minutes intraservice, and 10 minutes postservice. The median performance rate for this code was 0, so results are also broken out to show results from respondents that indicated experience with the service versus those without (recent) experience. The two groups' responses show that those who performed the service gave higher times, while those that did not provided lower times. Our experience tells us that those who perform the service did a better job at valuing the RVW and times than those that did not perform the service. As is the standard for RUC we relied on the combined data to develop our recommendations.

Fifteen respondents (25%) selected code 75574 for cardiac CT angiography as the KRS. Respondents generally indicated 78432 to be identical or more intense/complex in comparison to the KRS. Fourteen respondents (24%) selected 78815 for PET with CT from skull base to thigh as the second KRS. Most respondents indicated 78432 to be more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 2.07 with 10 minutes preservice, 20 minutes intraservice, and 10 minutes postservice time. This recommendation fits between MPC code 93351 for stress echo with less intraservice and total time, and 72158 for spinal canal MRI that has more intraservice time but less total time than 78432.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
☒ Multiple codes are used to maintain consistency with similar codes.
☒ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 93015-93017

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78492 plus 78499 or 78999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Cardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Specialty Diagnostic Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 15000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC data base x 3

Specialty Cardiology Frequency 4950 Percentage 33.00 %

Specialty Diagnostic Radiology Frequency 4950 Percentage 33.00 %

Specialty Nuclear Medicine Frequency 4650 Percentage 31.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC data base

Specialty Cardiology Frequency 1650 Percentage 33.00 %

Specialty Diagnostic Radiology Frequency 1650 Percentage 33.00 %

Specialty Nuclear Medicine Frequency 1550 Percentage 31.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78492

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78433 Tracking Number K8 Original Specialty Recommended RVU: **2.35**
Presented Recommended RVU: **2.26**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.26**

CPT Descriptor: Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan

(CT performed for other than attenuation correction and anatomical localization is reported using the appropriate site specific CT code with modifier 59)
(For myocardial imaging by planar or SPECT, see 78451, 78452, 78453, 78454)
(For CT coronary calcium scoring, use 75571)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male patient has an ischemic cardiomyopathy with severely diminished left ventricular contractile function and three vessel occlusive coronary artery disease. A combined metabolic and perfusion PET/CT study with combined localization review and registration is requested to determine myocardial viability to help guide revascularization therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays, any prior imaging data, and interim medical history, including medications and concurrent medical problems. The decision is made as to the appropriateness and protocol for this patients PET scan. The ordering physician is consulted, (when necessary) to clarify the indications, and whether the study is being performed for evaluation of hibernation or inflammation. The protocol for administering glucose and insulin is determined depending on the patient's history, patient's glucose level, specifically the presence or absence of diabetes, and patient specific medication and patient specific diet instructions for the day of the study are determined and provided to the patient. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and dose and ensures by oversight that appropriate records are maintained per Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician evaluates the adequacy of the patient diet preparation and reviews the current glucose level for the patient with the nuclear medicine technologist or nurse and directs technologist or nurse to adjust as necessary. Blood glucose is checked for all patients prior to the administration of F-18 FDG. The physician is available to prescribe, oversee, and direct the oral or IV administration of glucose, iv doses of insulin and heparin, as appropriate. The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. After the radiopharmaceutical is administered the patient leaves the area for approximately 1 hour. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. If wall motion

and/or ejection fraction are performed, the patient's cardiac rhythm is assessed. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The dual radiopharmaceutical multiple set of studies consists of typically a resting perfusion plus a complete metabolic study with acquisitions of tomographic PET data sets and synchronized (gated) to the patient's ECG when performed. The PET acquisition data are each followed by separate limited CT study without moving the patient. Therefore, this service represents all aspect of CPT 78X31 plus 78X29. Verify the completeness and adequacy of the data sets before completion of the study and order additional imaging as necessary.

The physician reviews the PET images for artifacts and abnormal extracardiac distribution and verifies registration of the attenuation maps for both perfusion and metabolic data sets. CT data are used to generate attenuation corrected images in all three planes. Additional fused images from the PET and CT are constructed to correlate the anatomic position of radiopharmaceutical accumulation with the current patient anatomy (creating an interpretation display of multiple PET images, multiple CT images, and multiple fused PET images on top of CT images). The physician reviews the CT transmission scan data for proper registration, relevant cardiovascular findings/cardiovascular diagnoses, and for anatomy. The low resolution chest CT attenuation map typically includes, but is not limited to: coronary calcifications (including a visual estimate of severity and extent), pericardial effusions, pleural effusions, pleural calcifications, ascending aortic aneurysms, descending aortic aneurysms, left atrial enlargement, dilation of the pulmonary artery, pericardial thickening and calcifications, thoracic aortic calcification, heavy aortic valve calcification (an adjunctive test for aortic valve stenosis when performed on gated non-contrast CT), large hiatal hernias, elevated hemi-diaphragms, large pneumonias and lung masses. Assess ventricular function, when performed, by obtaining an overall ejection fraction and evaluating regional wall motion, using a standardized segment model for the data set with each segment scored as normal, mildly hypokinetic, moderately hypokinetic, severely hypokinetic, akinetic, or dyskinetic. Analyze wall motion, when performed, qualitatively for motion and thickening. The extent and distribution of wall motion abnormalities is used to judge the amount of underlying myocardial scar. Next, the distribution of radiopharmaceutical uptake and the relationship to vascular geographic territories is assessed for both perfusion and metabolic images. The physician examines myocardial tracer uptake on the rest perfusion study. For this, reconstructed images in three planes are reviewed. Verify registration of the attenuation maps. Images are semi-quantitatively scored on a standard segmental model as normal uptake, mildly reduced, moderately reduced, severely reduced or absent. Findings are attributed to coronary vascular territories. The physician then examines radiotracer uptake on the metabolic images. For viability assessment, regions with lack of uptake or uptake less than 50% of normal segments are recorded as nonviable. For inflammation assessment, regions with myocardial uptake are recorded as consistent with inflammation. Potential sources of error are examined including correct region of interest for ventricular wall motion and digitally obtained ejection fraction and patient factors such as incomplete dietary preparation or persistent insulin resistance that would explain unanticipated distribution of radiotracer. Results of wall motion assessment (when performed), radiotracer uptake pattern on the metabolic image set, and myocardial uptake on the perfusion image setare integrated to determine the presence of viability, hibernating myocardium, scar/fibrosis, and inflammation, as appropriate. Results are attributed to vascular territories. Comparison is made to relevant prior studies. A formal consultative report is produced for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and with the patient. Additional tests or studies are ordered, as necessary, after discussion with the referring physician. Regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)					
CPT Code:	78433					
Sample Size:	3319	**Resp N:**	61	**Response:** 1.8 %		
Description of Sample:	The SNMMI, ACNM, ASNC and ACC surveyed a total of 3319 random members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	25.00	500.00
Survey RVW:	1.10	2.35	**2.54**	2.68	5.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	7.00	15.00	**24.00**	40.00	200.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78433	**Recommended Physician Work RVU: 2.26**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**24.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75561	XXX	2.60	**RUC Time**

CPT Descriptor Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78815	XXX	2.44	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	248,760

CPT Descriptor 1 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99204	XXX	2.43	**RUC Time**	10,173,876

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
70553	XXX	2.29	**RUC Time**

CPT Descriptor Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences

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RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 37.7 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 22.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 78433	**Top Key Reference CPT Code:** 75561	**2nd Key Reference CPT Code:** **78815**
Median Pre-Service Time	10.00	10.00	15.00
Median Intra-Service Time	24.00	45.00	35.00
Median Immediate Post-service Time	10.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**44.00**	**65.00**	**65.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	17%	35%	43%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or			

other information that must be reviewed and analyzed • Urgency of medical decision making			
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	7%	43%	50%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis. This has had the most impact on current code 78492 for multiple perfusion studies. The referral of patients with advanced and complex heart failure, valvular heart disease, and suspected myocardial inflammation has increased the use of 78459 in combination with 78491 and, less frequently, with 78492. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's. More complex patients being referred currently requiring additional expertise to accommodate the greater extent of debilitation and intraservice management.

Keeping in mind several key components that are assembled in different combinations will help the RUC understand and value this family. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that demonstrates the various components clearly.

Table 1: Code Family Structure

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium rest or stress study)		
78430	PET perfusion (rubidium rest or stress study)	CT	
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium rest study)	PET metabolic (FDG)	CTs

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more time and work than codes with two components, which require more time and work than codes with one component. That expectation was somewhat born out in the October survey and more clearly existent in the resurvey that was performed for the January 2019 meeting.

Resurvey

As the RUC and RUC members who prefacilitated this tab at the October 2018 meeting well know, this family of codes was resurveyed for the January 2019 meeting. October survey results (Table 2) failed to make a clear and consistent distinction between several of the codes in terms of time in relation to work RVUs, despite the fact that survey respondents indicated increasing work RVUs through the family.

Table 2: October RUC Survey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Total Time
78459	PET metabolic (FDG study)			1.60	33
78430	PET perfusion (rubidium rest or stress study)	CT		1.79	33
78491	PET perfusion (rubidium rest or stress study)			1.66	28
78429	PET metabolic (FDG study)	CT		1.80	40
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.90	35
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CTs	2.00	38
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		1.95	40
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.30	40

The societies worked with the Research Subcommittee to develop an array survey and to streamline/remove several questions in an effort to simplify the response time, reduce respondents survey burden, and attempt to obtain more cohesive survey results. That includes answering only the overall intensity/complexity question, not each of the individual components; thus, those fields are blank in the SOR. The January survey DOES consistently indicate small increases in work RVU paired with small increases in intraservice or total time (Table 3). The societies recognize it is not a perfect result with large and consistent increments between modalities that brightly pairs significant differences in time with differences in work, but it is an improvement from the first survey—it consistently shows a work and time increment throughout the family and we believe it is reasonable to build recommendations around those results.

Table 3: January Resurvey Results

Code	Component 1	Component 2	Component 3	25th-RVU	Intra Time	Total Time
78491	PET perfusion (rubidium rest or stress study)			1.56	15	30
78430	PET perfusion (rubidium rest or stress study)	CT		1.67	17	32
78459	PET metabolic (FDG study)			1.61	15	33
78429	PET metabolic (FDG study)	CT		1.76	18	38
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		1.80	20	38
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	CTs	2.00	21	39
78432	PET perfusion (rubidium rest study)	PET metabolic (FDG study)		2.07	22	42
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG study)	CTs	2.35	24	44

Compelling Evidence

Three of the services in the revised family—78459, 78491, and 78492—are existing codes with longstanding times and RVUs. The societies believe compelling evidence exists to indicate the current times and values may be incorrect.

***Change in technology*:** As noted above, myocardial PET imaging has evolved in the past two decades. That is a significant reason for the new and complex family of codes before you. There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. Of note, when these legacy PET services were originally developed we did not have the technology to perform wall motion or ejection fraction for myocardial PET perfusion, these new services now include this work. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP. We recognize that it would therefore be sensible to expect to see longer physician service times for these enhanced services. We do see an increment in time through the family, though we also expected those differences in time between services to be greater and acknowledge that may complicate valuation.

***Incorrect assumptions/flawed methodology**:* The 1994 and 1997 valuations do not include any preservice or postservice time. While it was the norm at the time, it would now be unthinkable for imaging services to be valued without delineated preservice and postservice work and time. That flaw makes any comparison to those old times and values flawed as well. Were 15 or 18 minutes of total time moved out of the intraservice period, it the old codes still have longer times, but the discrepancy is more plausible. The technologic changes described above have produced both enhanced services but also an increased intensity as this technology has dispersed beyond those initial, small numbers decades ago.

A determination that compelling evidence exists to suggest the current code values are incorrect opens the door for the family to be valued based entirely on survey data, following the progression noted in Table 3.

78433 Rationale

78433 is a new code that describes the work to interpret a dual tracer combined study, which includes a cardiac PET perfusion study, a cardiac PET metabolic study, and a concurrently acquired CT transmission scan. Survey respondents estimated a dual tracer PET study with CT to take 10 minutes preservice, 24 minutes intraservice, and 10 minutes postservice.

Twenty-three respondents (38%) selected code 75561 for cardiac MRI as the KRS. Respondents generally indicated 78433 to be identical or more intense/complex in comparison to the KRS. Fourteen respondents (23%) selected 78815 for PET with CT from skull base to thigh as the second KRS. Most respondents indicated 78433 to be more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 2.35 with 10 minutes preservice, 20 minutes intraservice, and 10 minutes postservice time. This recommendation fits between MPC code 72158 for spinal canal MRI that has more intraservice time but less total time than 78433, and 99204 for a level-4 new patient visit that has more intraservice time and nearly identical total time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☒ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☒ Multiple codes are used to maintain consistency with similar codes.
   - ☒ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 93015-93017

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78459+78492+78499 or 78999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 45000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database times 3

Specialty Diagnostic Radiology Frequency 14850 Percentage 33.00 %

Specialty Cardardiology Frequency 14850 Percentage 33.00 %

Specialty Nuclear Medicine Frequency 13950 Percentage 31.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Diagnostic Radiology Frequency 4950 Percentage 33.00 %

Specialty Cardardiology Frequency 4950 Percentage 33.00 %

Specialty Nuclear Medicine Frequency 4650 Percentage 31.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78492

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78434 Tracking Number K9 Original Specialty Recommended RVU: **0.63**
Presented Recommended RVU: **0.63**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.63**

CPT Descriptor: Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and pharmacologic stress
(List separately in addition to code for primary procedure)
(Use 78434 in conjunction with 78492, 78431)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During a pharmacologic stress/rest PET or PET/CT myocardial perfusion imaging, a 67-year old male also requires additional physiological assessment and undergoes absolute quantitation of myocardial blood flow (AQMBF) imaging. Note: This is an add-on service. Only consider the additional work related to AQMBF.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: NONE

Description of Intra-Service Work: Under the direction of the physician, following stress/rest PET or PET/CT myocardial perfusion imaging the nuclear medicine technologist acquires images for PET myocardial perfusion imaging in a manner that will also allow quantitation of absolute quantitation myocardial blood flow (AQMBF) (for example, images are acquired in 3D and list mode). The data is then re-binned to allow AQMBF and the data set is exported to a dedicated computer/software program for AQMBF. The processed data set and quality control information is transferred to the interpreting physician. The physician then reviews the quality control for AQMBF (for example, the bolus duration, peak, and plateau waveforms) and, if quality is acceptable, reviews the numeric output for of AQMBF in ml/g/min for rest, stress, and indexed/reserve flow for each coronary bed and for the global left ventricular. The physician also reviews the interactive polar map display. The AQMBF data is then integrated with the static perfusion image data, attenuation maps, clinical data, and an overall report is generated.

Description of Post-Service Work: NONE

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), William Van Decker, MD, (ASNC) Richard Wright, MD (ACC), Edward Tuony, MD (ACC) Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)		
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), American Society of Nuclear Cardiology (ASNC) American College of Cardiology (ACC), American College of Radiology (ACR)		
CPT Code:	78434		
Sample Size:	6338	**Resp N:** 51	**Response:** 0.8 %
Description of Sample:	The SNMMI surveyed a random sample of 1688 members from the cardiovascular council and general membership. The ACC and ASNC supplied a random sample of 2000 members. The ACR surveyed a total of 2,650 members (a random sample of 1,325 from the membership and a separate random sample of 1,325 members who indicated that they perform procedures related to nuclear medicine, PET, and/or cardiovascular). Total sample 6338.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**11.00**	230.00	1100.00
Survey RVW:	0.25	0.63	**0.85**	1.29	3.20
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	6.00	**11.00**	20.00	60.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	78434	**Recommended Physician Work RVU: 0.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**11.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78496	ZZZ	0.50	**RUC Time**

CPT Descriptor Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93567	ZZZ	0.97	**RUC Time**

CPT Descriptor Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	124,360

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96411	ZZZ	0.20	**RUC Time**	181,074

CPT Descriptor 2 Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 31.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 21.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 78434	**Top Key Reference CPT Code:** 78496	**2nd Key Reference CPT Code:** **93567**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	11.00	19.00	15.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**11.00**	**19.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	20%	27%	47%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	27%	67%
Physical effort required	6%	67%	27%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	33%	60%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	30%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	70%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	70%	30%
Physical effort required	0%	90%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	80%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

78434 is a new add-on code that describes an additional measurement—absolute quantitation of myocardial blood flow—that is sometimes obtained with multiple stress and resting PET studies. It is currently reported using Category III code 0482T. This code describes the absolute perfusion blood flow as detailed in the description of work. It previously is reported with a category III code and with the new family, the societies believe now was a good time with increased literature and utilization to move to a category one and survey along with the entire family. It will be reported only with either CPT 78492 and 78431, the multiple perfusion study codes.

As a note, this code was not resurveyed with the rest of this family. This data is from the October survey and recommendations are again being made on this data that coherently aligned with the family and other imaging add-on services.

Survey respondents estimated this service requires 11 minutes of intraservice time. It was most commonly compared to KRS 78496, which describes a cardiac blood pool imaging add-on measurement. These 16 respondents predominantly indicated 78434 was much more or somewhat more intense/complex than 78496. The second KRS was 93567, a cardiac catheterization add-on for supravalvular aortography. 60% of these 11 respondents indicated 78434 was of identical intensity/complexity, with the remainder saying 78434 was somewhat or much more intense/complex.

We recommend the survey 25th-percentile work RVU of 0.63 with an intraservice time of 11 minutes. These values align with the two KRSs, with an IWPUT higher than 78496 and similar to 93567. Additional MPC comparator codes presented in the summary spreadsheet to bolster these recommendations include codes 51797 and 96411, which bracket 78434 in time and value, with 51797 closely approximating the IWPUT of 78434. These codes' times and values support the survey 25th-percentile work RVU with median intraservice time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 78X32 and 78492

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0482T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardardiology How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 63231
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 10% of current use of 78492 13,577 plus 10% of 78X32 projection7,500 = 21077 then times 3 as we have with all other codes.

Specialty Diagnostic Radiology Frequency 4725 Percentage 7.47 %

Specialty Cardardiology Frequency 54000 Percentage 85.40 %

Specialty Nuclear Medicine Frequency 7425 Percentage 11.74 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 21,077 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 10% of current use of 78492 13,577 plus 10% of 78X32 projection7,500 = 21077

Specialty Diagnostic Radiology Frequency 1575 Percentage 7.47 %

Specialty Cardardiology Frequency 18000 Percentage 85.40 %

Specialty Nuclear Medicine Frequency 2475 Percentage 11.74 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78492

ISSUE: Myocardial PET January 2019

TAB: 13

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX	12 Month Svy Experience % Resp w/ experience	5 year Svy Experience if 12 mo = 0 MIN	5 year Svy Experience if 12 mo = 0 25th	5 year Svy Experience if 12 mo = 0 MED	5 year Svy Experience if 12 mo = 0 75th	5 year Svy Experience if 12 mo = 0 MAX	5 year Svy Experience if 12 mo = 0 % Resp w/ experience
1st REF	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenua	16	0.059			1.62			40	10					20			10												
2nd REF	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, l	14	0.055			1.54			40	10					20			10												
CURRENT	78491	Myocardial imaging, positron emission tomography (PET), perfusion; s		n/a			1.50			45						45															
OCT-SVY	78491	Myocardial imaging, positron emission tomography (PET), perfusion; s	50	0.113	0.45	1.66	1.80	2.20	5.00	28	7			1	7	13	20	69	8	0	0	0	10	800							
JAN-SVY	78491	Myocardial imaging, positron emission tomography (PET), perfusion; s	64	0.091	0.30	1.56	1.70	1.96	3.00	30	8			2	10	15	20	80	7	0	0	0	10	200	39%						
JAN-SVY	78491	12-month Perfomance rate of 0	40	0.119	0.30	1.58	1.70	1.96	2.40	24	7			2	10	12	18	37	5	0	0	0	0	0		0	0	0	0	100	48%
JAN-SVY	78491	12-month Performance rate of not 0	24	0.083	1.00	1.50	1.68	1.81	3.00	32	8			4	13	16	25	80	8	2	9	10	48	200							
REC-K3	78491	PET, Perfusion, Single Study		0.082			1.56			30	8					15			7												
MPC	70470	Computed tomography, head or brain; without contrast material, follow		0.070			1.27			25	5					15			5												
MPC	74176	Computed tomography, abdomen and pelvis; without contrast material		0.069			1.74			32	5					22			5												
COMP	70548	Magnetic resonance angiography, neck; with contrast material(s)		0.085			1.50			25	5					15			5												

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX	12 Month Svy Experience % Resp w/ experience	5 year Svy Experience if 12 mo = 0 MIN	5 year Svy Experience if 12 mo = 0 25th	5 year Svy Experience if 12 mo = 0 MED	5 year Svy Experience if 12 mo = 0 75th	5 year Svy Experience if 12 mo = 0 MAX	5 year Svy Experience if 12 mo = 0 % Resp w/ experience
1st REF	78814	Positron emission tomography (PET) with concurrently acquired comp	14	0.051			2.20			60	15					30			15												
2nd REF	78072	Parathyroid planar imaging (including subtraction, when performed); w	10	0.069			1.60			30	5					20			5												
CURRENT	n/a	New code								0																					
OCT-SVY	78430	Myocardial imaging, positron emission tomography, perfusion; study (i	49	0.106	0.70	1.79	2.00	2.35	3.20	33	8			1	9	15	25	64	10	0	0	10	40	800							
JAN-SVY	78430	Myocardial imaging, positron emission tomography, perfusion; study (i	61	0.089	0.50	1.67	1.85	2.20	3.10	32	8			1	10	17	23	55	7	0	0	0	12	150	48%						
JAN-SVY	78430	12-month Perfomance rate=0	32	0.112	0.50	1.70	1.95	2.20	3.10	27	6			2	10	15	20	48	6	0	0	0	0	0		0	0	0	0	20	51%
JAN-SVY	78430	12-month Performance rate>0	29	0.072	1.10	1.61	1.82	2.20	3.00	37	8			1	11	20	25	55	9	3	10	15	30	150							
REC K4	78430	PET-CT, Perfusion, Single Study		0.078			1.67			32	8					17			7												
MPC	70470	Computed tomography, head or brain; without contrast material, follow		0.070			1.27			25	5					15			5												
MPC	74176	Computed tomography, abdomen and pelvis; without contrast material		0.069			1.74			32	5					22			5												
COMP	53855	Insertion of a temporary prostatic urethral stent, including urethral mea		0.084			1.64			32	7					15			10												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
43						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
44	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
45	1st REF	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenua	12	0.059			1.62			40	10					20			10												
46	2nd REF	78811	Myocardial perfusion imaging, tomographic (SPECT) (including attenua	11	0.055			1.54			40	10					20			10												
47	CURRENT	78459	Myocardial imaging, positron emission tomography (PET), metabolic ev		n/a			1.50			65						65															
48	OCT-SVY	78459	Myocardial imaging, positron emission tomography (PET), metabolic ev	57	0.103	0.45	1.60	1.95	2.20	3.50	33	10			1	10	15	22	78	8	0	0	0	6	800							
49	JAN-SVY	78459	Myocardial imaging, positron emission tomography (PET), metabolic ev	63	0.090	0.30	1.61	1.76	2.10	3.00	33	10			4	10	15	20	120	8	0	0	0	5	100	44%						
50	JAN-SVY	78459	12-month Perfomance rate=0	35	0.098	1.30	1.60	1.88	2.11	2.80	33	10			5	10	15	18	120	8	0	0	0	0	0		0	0	0	0	100	56%
51	JAN-SVY	78459	12-month Performance rate>0	28	0.083	0.30	1.62	1.66	2.10	3.00	31	8			4	10	16	27	60	7	1	5	6	20	100							
52	REC K1	78459	PET, Metabolic, Single Study		0.080			1.61			33	10					15			8											
53	MPC	70470	Computed tomography, head or brain; without contrast material, follow		0.070			1.27			25	5					15			5											
54	MPC	74176	Computed tomography, abdomen and pelvis; without contrast material		0.069			1.74			32	5					22			5											
55	COMP	70548	Magnetic resonance angiography, neck; with contrast material(s)		0.085			1.50			25	5					15			5											
56																															
57						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
58	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
59	1st REF	78814	Positron emission tomography (PET) with concurrently acquired comp	18	0.051			2.20			60	15					30			15												
60	2nd REF	93351	Echocardiography, transthoracic, real-time with image documentation (	9	0.065			1.75			40	10					20			10												
61	CURRENT	n/a	New Code								0																					
62	OCT-SVY	78429	Myocardial imaging, positron emission tomography (PET), metabolic ev	55	0.088	0.70	1.80	2.20	2.40	3.20	40	10			1	10	20	27	62	10	0	2	7	44	800							
63	JAN-SVY	78429	Myocardial imaging, positron emission tomography (PET), metabolic ev	66	0.092	0.40	1.76	2.10	2.38	3.12	38	10			4	10	18	29	120	10	0	0	9	25	350							
64	REC K2	78429	PET-CT, Metabolic, Single Study		0.073			1.76			38	10					18			10											
65	MPC	93351	Echocardiography, transthoracic, real-time with image documentation (		0.065			1.75			40	10					20			10											
66	MPC	92004	Ophthalmological services: medical examination and evaluation with in		0.059			1.82			40	5					25			10											
67	COMP	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem);		0.076			1.78			32	5					20			7											
68																															
69						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
70	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
71	1st REF	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenua	16	0.059			1.62			40	10					20			10												
72	2nd REF	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	11	0.049			1.93			50	10					30			10												
73	CURRENT	78492	Myocardial imaging, positron emission tomography (PET), perfusion; n		n/a			1.87			55						55															
74	OCT-SVY	78492	Myocardial imaging, positron emission tomography (PET), perfusion; n	58	0.103	0.70	1.90	2.15	2.43	5.00	35	8			1	10	17	25	67	10	0	0	2	138	2000							
75	JAN-SVY	78492	Myocardial imaging, positron emission tomography (PET), perfusion; n	71	0.085	0.60	1.80	2.10	2.44	4.00	38	8			3	12	20	30	100	10	0	0	0	88	2500	45%						
76	JAN-SVY	78492	12-month Perfomance rate=0	39	0.098	0.60	1.78	2.00	2.30	4.00	32	8			3	12	17	25	60	7	0	0	0	0	0		0	0	0	0	500	55%
77	JAN-SVY	78492	12-month Performance rate>0	32	0.072	1.29	1.88	2.11	2.60	4.00	43	10			6	13	23	31	100	10	4	43	100	363	2500							
78	REC K5	78492	PET Perfusion, Multiple Studies Rest and Stress		0.070			1.80			38	8					20			10											
79	MPC	93351	Echocardiography, transthoracic, real-time with image documentation (		0.065			1.75			40	10					20			10											
80	MPC	92004	Ophthalmological services: medical examination and evaluation with in		0.059			1.82			40	5					25			10											
81	COMP	70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem);		0.076			1.78			32	5					20			7											
82																															

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
83						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
84	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
85	1st REF	75574	Computed tomographic angiography, heart, coronary arteries and bypa	14	0.065			2.40			50	10					30			10												
86	2nd REF	78814	Positron emission tomography (PET) with concurrently acquired comp	10	0.051			2.20			60	15					30			15												
87	CURRENT	NA	New		n/a						0																					
88	OCT-SVY	78431	Myocardial imaging, positron emission tomography, perfusion; study (i	54	0.090	0.70	2.00	2.20	2.49	3.40	38	8			1	12	20	28	75	10	0	0	45	150	1500								
89	JAN-SVY	78431	Myocardial imaging, positron emission tomography, perfusion; study (i	64	0.090	1.00	2.00	2.30	2.60	4.00	39	8			3	13	21	32	85	10	0	0	7	10	3000								
90	REC K6	78431	PET-CT Perfusion, Multiple Studies Rest and Stress		0.071			1.90			39	8					21			10												
91	XWALK	64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, f		0.095			1.90			36	15	1				15			5												
92	MPC	93351	Echocardiography, transthoracic, real-time with image documentation (		0.065			1.75			40	10					20			10												
93	MPC	74178	Computed tomography, abdomen and pelvis; without contrast material		0.060			2.01			40	5					30			5												
94	COMP	12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips an		0.069			1.98			37	5	1	1			25			5												
95																																
96						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
97	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
98	1st REF	75574	Computed tomographic angiography, heart, coronary arteries and bypa	15	0.065			2.40			50	10					30			10												
99	2nd REF	78815	Positron emission tomography (PET) with concurrently acquired comp	14	0.051			2.44			65	15					35			15												
100	CURRENT	78491 & 78459	Single PET plus Metabolic PET billed on same DOS		n/a			3.00			110						110															
101	OCT-SVY	78432	Myocardial imaging, positron emission tomography, combined perfusio	50	0.092	0.70	1.95	2.28	2.60	3.50	40	10			1	12	20	28	86	10	0	0	5	40	800								
102	JAN-SVY	78432	Myocardial imaging, positron emission tomography, combined perfusio	59	0.089	0.70	2.07	2.40	2.57	4.20	42	10			5	14	22	34	200	10	0	0	0	5	300	31%						
103	JAN-SVY	78432	12-month Perfomance rate=0	41	0.098	0.70	2.00	2.40	2.50	4.20	40	10			5	12	20	30	200	10	0	0	0	0	0		0	0	0	0	100	37%
104	JAN-SVY	78432	12-month Performance rate>0	18	0.067	1.62	2.28	2.58	3.00	4.00	53	10			7	19	31	56	90	12	2	6	15	46	300							
105	REC K7	78432	PET, Perfusion, Single Study plus Metabolic Study (Dual Tracers)		0.074			2.07			42	10					22			10												
106	MPC	93351	Echocardiography, transthoracic, real-time with image documentation (		0.065			1.75			40	10					20			10												
107	MPC	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, w		0.083			2.29			35	5					25			5												
108	COMP	56821	Colposcopy of the vulva; with biopsy(s)		0.075			2.05			45	15					20			10												
109																																
110						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
111	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
112	1st REF	75561	Cardiac magnetic resonance imaging for morphology and function with	23	0.048			2.60			65	10					45			10												
113	2nd REF	78815	Positron emission tomography (PET) with concurrently acquired comp	14	0.051			2.44			65	15					35			15												
114	CURRENT	78491 & 78459	Single study perfusion plus metabolic		n/a			3.00			110						110															
115	OCT-SVY	78433	Myocardial imaging, positron emission tomography, combined perfusio	50	0.102	0.70	2.30	2.48	2.60	4.00	40	10			1	13	20	30	71	10	0	10	50	169	800								
116	JAN-SVY	78433	Myocardial imaging, positron emission tomography, combined perfusio	61	0.087	1.10	2.35	2.54	2.68	5.00	44	10			7	15	24	40	200	10	0	0	5	25	500								
117	REC K8	78433	PET-CT, Perfusion, Single Study plus Metabolic Study (Dual Tracers)		0.076			2.26			44	10					24			10												
118	XWALK	71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of h		0.078			2.26			41.5	7.5					24			10												
120	MPC	93351	Echocardiography, transthoracic, real-time with image documentation (		0.065			1.75			40	10					20			10												
121	MPC	99204	Office or other outpatient visit for the evaluation and management of a		0.070			2.43			45	5					30			10												
122	COMP	70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem);		0.081			2.29			37	5					25			7												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ
15						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
16	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
123																																
124						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience						5 year Svy Experience if 12 mo = 0					
125	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience	MIN	25th	MED	75th	MAX	% Resp w/ experience
126	1st REF	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, wi	16	0.026			0.50			19						19															
127	2nd REF	93567	Injection procedure during cardiac catheterization including imaging su	11	0.065			0.97			15						15															
128	CURRENT Cat III	0482T	Absolute quantitation of myocardial blood flow (AQMBF), positron emis		#DIV/0!			0.00			0						0															
129	OCT-SVY	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emis	51	0.077	0.25	0.63	0.85	1.29	3.20	11				6	6	11	20	60		0	0	11	230	1100							
130	REC K9	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emis		0.057			0.63			11						11															
131	COMP	76983	Ultrasound, elastography; each additional target lesion (List separately		0.056			0.50			9						9															
132	COMP	15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck,		0.050			0.50			10						10															
133	MPC	51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperit		0.053			0.80			15						15															
134	MPC	96411	Chemotherapy administration; intravenous, push technique, each addit		0.033			0.20			7	3					4															

CPT Codes 78459, 78429, 78432, 78433

Specialty Societies Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), American College of Cardiology (ACC), the American College of Nuclear Cardiology (ASNC) and the American College of Radiology (ACR)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: October 2018 and January 2019

CPT code	CPT Long Descriptor	Global Period
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study;	**XXX**
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed) single study; with concurrently acquired computed tomography transmission scan	**XXX**
78432	Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);	**XXX**
78433	Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study (including ventricular wall motion(s), and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	**XXX**

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: A joint society consensus with members from the following societies participating including; Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), American College of Cardiology (ACC), the American College of Nuclear Cardiology (ASNC) and the American College of Radiology (ACR), participated in joint calls and email discussions to provide this consensus opinion. The society members included, physicians, advisors and technologist members of the societies.

1. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: Existing codes 78459, 78491, 78492 brought forward from a CMS request for review of 78492 are listed as current inputs. Additionally, as references we have listed recently reviewed CPT 78305, 78071, 78072, 93015 and 78496 were used respectively, as the reference for the varying codes in the surveyed codes.

2. Is this code(s) typically billed with an E/M service? **N/A**
3. Is this code(s) typically billed with the E/M service in the nonfacility? **N/A**
   (Please see provided data in PE Subcommittee folder) **Not typically billed with an E/M**

4. What specialty is the dominant provider in the nonfacility? **Cardiology**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   63% for 78459
   97% for 78491

98% 78492

Is the dominant provider in the nonfacility different then for the global? **Yes Diagnostic Radiology**

33% Diagnostic Radiology

32% Cardiology

31% Nuclear Medicine

(Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CMS Row	Description	NM Standards	Comments
CA007 Line 26	two minutes are standard for nuclear medicine, one additional minute for nuclear medicine services in general, as patients are placed on equipment in several positions for imaging. Equipment is moving around them and will come in very close but not touch, them, nor should they touch the equipment, or it will stop ad would need to be restarted, this can be startling for patients.	2	See reference codes for recent reviewed codes
CA008 Line 27	NRC/State requirements for verification of Planar Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	4	
CA008 Line 27	NRC/State requirements for verification of SPECT, SPECT/CT Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	7	
CA008 Line 27	NRC/State requirements for verification of PET, PET/CT Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	**8**	Total 21 for all PET and PET/CT codes in this Tab 12
CA008 Line 27	Prepare radiopharmaceutical (s) delivered by central pharmacy with NRC and DOT required check-in of RP, survey package, wipe test of package and all recordings for required documentation by federal or state regulators. Verify ordered dosages with received dosages and store for use with patient. *(Conducted time studies originally PE 2004, updated in 2014)*	**13**	
CA011 Line 40	The standard is 3 minutes, we are adding 7 minutes to all the codes where it is typical to administer F-18 FDG as the typical is to review the glucose and the typical, more than 50% of the time the patient is given special diet to follow that is carefully reviewed, the glucose is checked at least once and commonly two or three times prior to establishing a level that is acceptable for the radiotracer to be administered. Administering FDG without this careful and labor-intensive procedure would result in a non-diagnostic study. The guidelines from ASNC and other societies clearly show the protocols for the technologists to follow under the supervision of the physician. We believe at minimum 7 minutes for these added steps are necessary and may be an underestimate of the work.	**10**	Only for studies with F-18 FDG administration
CA016 Line 49	The standard is 3 minutes, however for two separate Rps and requiring the patient to return we have added 2 minutes for a total of 5 minutes to account for the new bundled service.	**5**	for 78432 and 78433
CA024 Line 74	The standard is 3 minutes, however for two separate scan times requiring the patient to return we have added 3 minutes for a total of 6 minutes to account for the new bundled service. There are no efficiencies gained to clean a room in-between patients. The patient leaves for minimum 60	**6**	for 78432 and 78433

	minutes in between studies. There are three separate areas to clean, the injection room for FDF, and the two scan times for the imaging.		
CA030 Line 81	Technologist for PACSs, the standard is 2 minutes each code depending on if there is one set of imaging, two sets of imaging with or with out CT will require more time of the technologist therefore times are added at 3 minutes, 4 minutes and 5 minutes respectively as shown on the excel.	**3, 4 or 5 minutes**	Depends on the number of images and types, CT or no CT.
CA032 Line 83	The standard is 1 minutes to scan documents into PAC or RIS,, however for two separate Rps and rest, stress or diet forms needed to upload additional time was added respectively for the varying codes.	**2**	
CA033 Line 84	The standard is 0 minutes, however for radioactive materials there are federally mandated post procedure requirements to follow standard for one study is 3 minutes, where two complete studies are performed at different times we added one minute.	**4**	

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **See above table.**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Pre-Service Clinical Labor Activities:

- Review x-ray, lab and past test to confirm appropriateness with physician, confirm technique / protocol to be used, obtain physician written directive, determine radiopharmaceutical dose, and order radiopharmaceutical(s) from central/commercial nuclear pharmacy.
- Verification of PET or PET/CT Equipment with documentation, following NRC/State requirements mandated prior to use of equipment.
- Prepare radiopharmaceutical (prepare and QC dose(s)) delivered by central/commercial nuclear pharmacy with NRC required check-in of RP, survey, package, wipe test of syringe, and recording all regulatory required documentation. Ready PET generator cart for Rb studies, QC. Ready dose for potential injection with in-house labels and records. Store radiopharmaceutical(s) and generators, in Hot Lab which is leaded protective shielding including the rubidium generator cart.

Intra-Service Clinical Labor Activities:

- Greet patient, ensure appropriate medical records are available
- Provide pre-service education/obtain consent including mandatory radiation education
- For FDG patients follow the patient specific protocol.
- Check glucose level with physician prior to proceeding. If necessary, instruct patient and have patient return for another glucose check prior to FDG administration.
- Prepare room, equipment, supplies (set up protocol)
- Prepare and position patient/ monitor patient, take care as camera is moving around patient.
- Obtain RP from RP storage/preparation area, prepare meal(s), recheck dose, record, resay, and ensure dose would be appropriate (following protocols) based on the written directive (correct test and patient weight)
- Acquire images and discuss imaging views with physician for potential additional instructions regarding the protocol or additional views as requested.
- Complete diagnostic forms, lab & X-ray requisitions, image processing, development hard copy or complete labeling of electronic view, archive and obtain approval to discharge patient

New Item #	Name of Equipment or Supply	Comments	Invoice A	Invoice B
New Supply 1 Rubidium IV Lines for Generator Cart	CardioGen-82® Patient Administration Sets 42"	25 per sets, use one pre-patient, even if rest and stress or if either alone. No discounting per company invoice A is the large packet, then there is an individual price, most purchase the box of 25	**$ 16.98**	**$95.50**

Post-Service Clinical Labor Activities:

- Clean room/equipment by physician staff
- Specific room clean-up of RP injection/administration areas with mandatory defacement of labels for proper RP residual disposal
- Regulatory compliance - NRC required wipe tests and survey areas used including regulatory documentation.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

Rubidium IV lines, one kit per patient, does not matter if this is two patient studies, rest and stress or just one, the same 1 unit is required for the study. See attachments for details. Total cost per IV line kit is 16.98 each.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

New Item #	Name of Equipment or Supply	Invoice A	Invoice B	Invoice C
NEW Equipment 1	PET Generator Infusion Cart	**$ 78,000.00**		
NEW Equipment 2	PET Refurbished Imaging Cardiac Configuration	**$ 425,000.00**		
NEW Equipment 3	PET/CT Imaging Camera Cardiac Configuration	**$ 1,595,675.00**	**$ 1,320,931.00**	**$ 958,000.00**
NEW Equipment 4	Software and hardware package for Absolute Quantitation	**$ 33,949.00**		

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's.

Keeping in mind several key components that are assembled in different combinations will help the PE subcommittee understand the times of these services. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that we think demonstrates the various components clearly.

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium)		
78430	PET perfusion (rubidium)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CT's
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78432	PET perfusion (rubidium resting study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG)	CT's

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more technologist time, supplies and equipment than codes with two components, which require more time, and supplies, than codes with one component.

17. Please include an explanation of each line item:

CPT Codes 78434

Specialty Societies Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), American College of Cardiology (ACC), the American College of Nuclear Cardiology (ASNC) and the American College of Radiology (ACR)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: October 2018 and January 2019

CPT code	CPT Long Descriptor	Global Period
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and pharmacologic stress (List separately in addition to code for primary procedure)	**ZZZ**

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: A joint society consensus with members from the following societies participating including; Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), American College of Cardiology (ACC), the American College of Nuclear Cardiology (ASNC) and the American College of Radiology (ACR), participated in joint calls and email discussions to provide this consensus opinion. The society members included, physicians, advisors and technologist members of the societies.

1. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: Existing category III code 0482T brought forward from a CMS request for review of 78492 and as part of the survey and literature 0482T is being converted to a category I code. We chose another nuclear medicine add on code CPT 78496 as a reference to 78434.

2. Is this code(s) typically billed with an E/M service? **N/A**
3. Is this code(s) typically billed with the E/M service in the nonfacility? **N/A**
   (Please see provided data in PE Subcommittee folder) **Not typically billed with an E/M**

4. What specialty is the dominant provider in the nonfacility? **Cardiology**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   63% for 78459
   97% for 78491
   98% 78492
   Is the dominant provider in the nonfacility different then for the global? **Yes Diagnostic Radiology**
   33% Diagnostic Radiology
   32% Cardiology
   31% Nuclear Medicine
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CMS Row	Description	NM Standards	Comments

New Item #	Name of Equipment or Supply	Comments	Invoice A	Invoice B
New Supply 1 Rubidium IV Lines for Generator Cart	CardioGen-82® Patient Administration Sets 42"	25 per sets, use one pre-patient, even if rest and stress or if either alone. No discounting per company invoice A is the large packet, then there is an individual price, most purchase the box of 25	**$ 16.98**	**$95.50**
CA011 Line	One additional minute to explain the additional add on procedure for the flow that will be performed with the standard stress and resting studies.		**1**	
CA030 Line 81	Technologist for PACSs, the standard is 2 minutes each code, we would need an additional 2 minutes for the technologist to performs the PACs that will go along with the flow studies.		**2**	

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **See above table.**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Pre-Service Clinical Labor Activities:
- No Additional Activities

Intra-Service Clinical Labor Activities:
- Acquire images and PACs standards.

Post-Service Clinical Labor Activities:
- No Additional Actives

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

Rubidium IV lines, one kit per patient, does not matter if this is two patient studies, rest and stress or just one, the same 1 unit is required for the study. See attachments for details. Total cost per IV line kit is 16.98 each.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

New Item #	Name of Equipment or Supply	Invoice A	Invoice B	Invoice C
NEW Equipment 4	Software and hardware package for Absolute Quantitation	$ 33,949.00		

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's.

Keeping in mind several key components that are assembled in different combinations will help the PE subcommittee understand the times of these services. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that we think demonstrates the various components clearly.

Code	Component 1	Component 2	Component 3	Add on Code
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)		78434 potential
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CT's	78434 potential

17. Please include an explanation of each line item:

CPT Codes 78491, 78430, 78492, 78431

Specialty Societies Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), American College of Cardiology (ACC), the American College of Nuclear Cardiology (ASNC) and the American College of Radiology (ACR)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: October 2018 and January 2019

CPT code	CPT Long Descriptor	Global Period
78491	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); **single study, at rest or stress** (exercise or pharmacologic)	**XXX**
78430	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); **single study, at rest or stress** (exercise or pharmacologic), with concurrently acquired **computed tomography** transmission scan	**XXX**
78492	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); **multiple studies at rest and stress** (exercise or pharmacologic)	**XXX**
78431	Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s), and/or ejection fractions(s), when performed); **multiple studies at rest and stress** (exercise or pharmacologic), with concurrently acquired **computed tomography** transmission scan,	**XXX**

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: A joint society consensus with members from the following societies participating including; Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), American College of Cardiology (ACC), the American College of Nuclear Cardiology (ASNC) and the American College of Radiology (ACR), participated in joint calls and email discussions to provide this consensus opinion. The society members included, physicians, advisors and technologist members of the societies.

1. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: Existing codes 78459, 78491, 78492 brought forward from a CMS request for review of 78492 are listed as current inputs. Additionally, as references we have listed recently reviewed CPT 78305, 78071, 78072, 93015 and 78496 were used respectively, as the reference for the varying codes in the surveyed codes.

2. Is this code(s) typically billed with an E/M service? **N/A**
3. Is this code(s) typically billed with the E/M service in the nonfacility? **N/A**
   (Please see provided data in PE Subcommittee folder) **Not typically billed with an E/M**

4. What specialty is the dominant provider in the nonfacility? **Cardiology**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
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CA008 Line 27	NRC/State requirements for verification of Planar Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	4	
CA008 Line 27	NRC/State requirements for verification of SPECT, SPECT/CT Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	7	
CA008 Line 27	NRC/State requirements for verification of PET, PET/CT Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	**8**	Total 21 for all PET and PET/CT codes in this Tab 12
CA008 Line 27	Prepare radiopharmaceutical (s) delivered by central pharmacy with NRC and DOT required check-in of RP, survey package, wipe test of package and all recordings for required documentation by federal or state regulators. Verify ordered dosages with received dosages and store for use with patient. *(Conducted time studies originally PE 2004, updated in 2014)*	**13**	
CA016 Line 49	The standard is 3 minutes, however for two separate Rps and requiring the patient to return we have added 2 minutes for a total of 5 minutes to account for the new bundled service.	**5**	for 78432 and 78433
CA024 Line 74	The standard is 3 minutes, however for two separate scan times requiring the patient to return we have added 3 minutes for a total of 6 minutes to account for the new bundled service. There are no efficiencies gained to clean a room in-between patients. The patient leaves for minimum 60 minutes in between studies. There are three separate areas to clean, the injection room for FDF, and the two scan times for the imaging.	**6**	for 78432 and 78433
CA030 Line 81	Technologist for PACSs, the standard is 2 minutes each code depending on if there is one set of imaging, two sets of imaging with or with out CT will require more time of the technologist therefore times are added at 3 minutes, 4 minutes and 5 minutes respectively as shown on the excel.	**3, 4 or 5 minutes**	Depends on the number of images and types, CT or no CT.
CA032 Line 83	The standard is 1 minutes to scan documents into PAC or RIS,, however for two separate Rps and rest, stress or diet forms needed to upload additional time was added respectively for the varying codes.	**2**	

CA033 Line 84	The standard is 0 minutes, however for radioactive materials there are federally mandated post procedure requirements to follow standard for one study is 3 minutes, where two complete studies are performed at different times we added one minute.	**4**	

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **N/A**

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8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Pre-Service Clinical Labor Activities:

- Review x-ray, lab and past test to confirm appropriateness with physician, confirm technique / protocol to be used, obtain physician written directive, determine radiopharmaceutical dose, and order radiopharmaceutical(s) from central/commercial nuclear pharmacy.
- Verification of PET or PET/CT Equipment with documentation, following NRC/State requirements mandated prior to use of equipment.
- Prepare radiopharmaceutical (prepare and QC dose(s)) delivered by central/commercial nuclear pharmacy with NRC required check-in of RP, survey, package, wipe test of syringe, and recording all regulatory required documentation. Ready PET generator cart for Rb studies, QC. Ready dose for potential injection with in-house labels and records. Store radiopharmaceutical(s) and generators, in Hot Lab which is leaded protective shielding including the rubidium generator cart.

Intra-Service Clinical Labor Activities:

- Greet patient, ensure appropriate medical records are available
- Provide pre-service education/obtain consent including mandatory radiation education
- Prepare room, equipment, supplies (set up protocol)
- Prepare and position patient/ monitor patient, take care as camera is moving around patient.
- Obtain RP from RP storage/preparation area, prepare meal(s), recheck dose, record, resay, and ensure dose would be appropriate (following protocols) based on the written directive (correct test and patient weight)
- Acquire images and discuss imaging views with physician for potential additional instructions regarding the protocol or additional views as requested.
- Complete diagnostic forms, lab & X-ray requisitions, image processing, development hard copy or complete labeling of electronic view, archive and obtain approval to discharge patient

Post-Service Clinical Labor Activities:

- Clean room/equipment by physician staff
- Specific room clean-up of RP injection/administration areas with mandatory defacement of labels for proper RP residual disposal
- Regulatory compliance - NRC required wipe tests and survey areas used including regulatory documentation.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

New Item #	Name of Equipment or Supply	Comments	Invoice A	Invoice B
New Supply 1 Rubidium IV Lines for Generator Cart	CardioGen-82® Patient Administration Sets 42"	25 per sets, use one pre-patient, even if rest and stress or if either alone. No discounting per company invoice A is the large packet, then there is an individual price, most purchase the box of 25	**$ 16.98**	**$95.50**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

Rubidium IV lines, one kit per patient, does not matter if this is two patient studies, rest and stress or just one, the same 1 unit is required for the study. See attachments for details. Total cost per IV line kit is 16.98 each.

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New Item #	Name of Equipment or Supply	Invoice A	Invoice B	Invoice C
NEW Equipment 1	PET Generator Infusion Cart	**$ 78,000.00**		
NEW Equipment 2	PET Refurbished Imaging Cardiac Configuration	**$ 425,000.00**		
NEW Equipment 3	PET/CT Imaging Camera Cardiac Configuration	**$ 1,595,675.00**	**$ 1,320,931.00**	**$ 958,000.00**
NEW Equipment 4	Software and hardware package for Absolute Quantitation	**$ 33,949.00**		

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

Background

Code 78492 for multiple study myocardial perfusion PET was flagged by the RAW at the January 2017 meeting as a high-volume growth service with >10,000 utilization and 100% increase from 2009 through 2014. The societies referred this code, including companion codes 74891, to CPT for review due to changes in technology since the codes were developed in the mid-1990s. The codes underwent substantive descriptor changes, resulting in the creation of a new 9-code family of services that includes wall motion, ejection fraction, the incorporation of CT, and the addition of one add-on code for

quantitation of myocardial blood flow that is currently reported with a Category III code. As this package of revisions was put together, code 78459 for myocardial metabolic PET was also incorporated to the updates for completeness.

There have been changes in instrumentation, computer processing, and software since the mid 1990's that allow extraction of greater clinically valuable information on metabolic, perfusion and function. This dual-tracer approach, with proposed combined codes 78432 or 78433, adds additional preservice and intraservice time for dietary instructions, for the need to measure serum glucose levels, and for the frequent need to treat with additional glucose or insulin. While technologic advances have altered the times from the 1990's.

Keeping in mind several key components that are assembled in different combinations will help the PE subcommittee understand the times of these services. The eight base codes are detailed below:

- Two contain a single PET study,
- Two contain a single PET plus the corresponding CTs,
- Two contain two PET studies, and
- Two contain two PET studies plus the corresponding CT's.

These components are presented below in an order that we think demonstrates the various components clearly.

Code	Component 1	Component 2	Component 3
78491	PET perfusion (rubidium)		
78430	PET perfusion (rubidium)	CT	
78492	PET perfusion (rubidium stress study)	PET perfusion (rubidium rest study)	
78431	PET perfusion (rubidium stress study)	PET perfusion (rubidium resting study)	CT's
78459	PET metabolic (FDG)		
78429	PET metabolic (FDG)	CT	
78432	PET perfusion (rubidium resting study)	PET metabolic (FDG)	
78433	PET perfusion (rubidium resting study)	PET metabolic (FDG)	CT's

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more technologist time, supplies and equipment than codes with two components, which require more time, and supplies, than codes with one component.

17. Please include an explanation of each line item:

	A	B	D	E	F	G	H	I	J	M	N
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		REFERENCE CODE		RECOMMENDED	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**78305** **Single *Rp***		**78071** ***Dual Rp* SPECT**		**78459** **Single *Rp* PET FDG**	
3		***RUC Collaboration Website***				Bone and/or joint imaging; multiple areas		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall	
4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 217.29**	**$ -**	**$ 269.69**	**$ -**	**$ 208.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**95.0**	**0.0**	**126.0**	**0.0**	**122.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**	l051A	RN	0.51						
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**21.0**	**0.0**	**23.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	l051A	RN	0.51						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**74.0**	**0.0**	**103.0**	**0.0**	**97.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	l051A	RN	0.51						
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	l051A	RN	0.51						
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 58.43**	**$ -**	**$ 77.49**	**$ -**	**$ 75.03**	**$ -**
17		**PRE-SERVICE PERIOD**									
18		**Start: Following visit when decision for surgery or procedure made**									
19	CA001	Complete pre-service diagnostic and referral forms	L049A	Nuclear Medicine	0.615						
20	CA002	Coordinate pre-surgery services (including test results)	L049A	Nuclear Medicine	0.615						
21	CA003	Schedule space and equipment in facility	L049A	Nuclear Medicine	0.615						
22	CA004	Provide pre-service education/obtain consent	L049A	Nuclear Medicine	0.615						
23	CA005	Complete pre-procedure phone calls and prescription	L051A	RN	0.51						
24	CA005	Complete pre-procedure phone calls and prescription	L049A	Nuclear Medicine	0.615						
25	CA006	Confirm availability of prior images/studies	L049A	Nuclear Medicine	0.615	2		2		2	
26	CA007	Review patient clinical extant information and questionnaire	L049A	Nuclear Medicine	0.615	2		1		2	
27	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L049A	Nuclear Medicine	0.615	17		20		21	
34		**End: When patient enters office/facility for surgery/procedure**									

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4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 217.29**	**$ -**	**$ 269.69**	**$ -**	**$ 208.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**95.0**	**0.0**	**126.0**	**0.0**	**122.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**	l051A	RN	0.51						
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**21.0**	**0.0**	**23.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	l051A	RN	0.51						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**74.0**	**0.0**	**103.0**	**0.0**	**97.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	l051A	RN	0.51						
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
35		**SERVICE PERIOD**									
36		**Start: When patient enters office/facility for surgery/procedure:**									
37		**Pre-Service (of service period)**									
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L049A	Nuclear Medicine	0.615	3		3		3	
39	CA010	Obtain vital signs	L049A	Nuclear Medicine	0.615						
40	CA011	Provide education/obtain consent	L049A	Nuclear Medicine	0.615	3		3		10	
41	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L051A	RN	0.51						
42	CA010	Obtain vital signs	L051A	RN	0.51						
43	CA011	Provide education/obtain consent	L051A	RN	0.51						
44	CA012	Review requisition, assess for special needs	L049A	Nuclear Medicine	0.615						
45	CA013	Prepare room, equipment and supplies	L049A	Nuclear Medicine	0.615	2		2		2	
46	CA013	Prepare room, equipment and supplies	L051A	RN	0.51						
47	CA014	Confirm order, protocol exam	L049A	Nuclear Medicine	0.615						
48	CA015	Setup scope (nonfacility setting only)	L049A	Nuclear Medicine	0.615						
49	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L049A	Nuclear Medicine	0.615	3		3		3	
50	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L051A	RN	0.51						
51	CA017	Sedate/apply anesthesia	L049A	Nuclear Medicine	0.615						
58		**Intra-service (of service period)**									
59	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L049A	Nuclear Medicine	0.615						
60	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (63%)	L051A	RN	0.51						
61	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L049A	Nuclear Medicine	0.615						
62	CA021	Perform procedure/service---NOT directly related to physician work time	L049A	Nuclear Medicine	0.615	50		79		65	
69	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	0.51						
70		**Post-Service (of service period)**									
71	CA022	Monitor patient following procedure/service, multitasking 1:4	L049A	Nuclear Medicine	0.615						
72	CA023	Monitor patient following procedure/service, no multitasking	L051A	RN	0.51						
73	CA024	Clean room/equipment by clinical staff	L049A	Nuclear Medicine	0.615	3		3		3	
74	CA024	Clean room/equipment by clinical staff	L051A	RN	0.51						
75	CA025	Clean scope	L049A	Nuclear Medicine	0.615						
76	CA026	Clean surgical instrument package	L049A	Nuclear Medicine	0.615						
77	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L049A	Nuclear Medicine	0.615	2		2		2	
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L051A	RN	0.51						
79	CA028	Review/read post-procedure x-ray, lab and pathology reports	L049A	Nuclear Medicine	0.615						
80	CA029	Check dressings, catheters, wounds	L051A	RN	0.51						
81	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L049A	Nuclear Medicine	0.615	2		2		3	
82	CA031	Review examination with interpreting MD/DO	L049A	Nuclear Medicine	0.615	2		2		2	
83	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue	L049A	Nuclear Medicine	0.615	1		1		1	
84	CA033	Perform regulatory mandated quality assurance activity (service period)	L049A	Nuclear Medicine	0.615	3		3		3	
85	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L049A	Nuclear Medicine	0.615						
86	CA035	Review home care instructions, coordinate visits/prescriptions	L049A	Nuclear Medicine	0.615						

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3		***RUC Collaboration Website***				Bone and/or joint imaging; multiple areas		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall	
4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019** **Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019** **Specialty: SNMMI, ACNM, ACR, ACC, ASNC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 217.29**	**$ -**	**$ 269.69**	**$ -**	**$ 208.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**95.0**	**0.0**	**126.0**	**0.0**	**122.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**	l051A	RN	0.51						
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**21.0**	**0.0**	**23.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	l051A	RN	0.51						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**74.0**	**0.0**	**103.0**	**0.0**	**97.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	l051A	RN	0.51						
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
87	CA036	Discharge day management	L049A	Nuclear Medicine	0.615	**n/a**		**n/a**		**n/a**	
94		**End: Patient leaves office**									

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 217.29**	**$ -**	**$ 269.69**	**$ -**	**$ 208.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**95.0**	**0.0**	**126.0**	**0.0**	**122.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**	l051A	RN	0.51						
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11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	l051A	RN	0.51						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**74.0**	**0.0**	**103.0**	**0.0**	**97.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	l051A	RN	0.51						
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
95		**POST-SERVICE PERIOD**									
96		**Start: Patient leaves office/facility**									
97	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37						
98	CA038	Coordinate post-procedure services	L049A	Nuclear Medicine	0.615						
99		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
105	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
112		**End: with last office visit before end of global period**									
113	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 7.01**	**$ -**	**$ 11.53**	**$ -**	**$ 7.90**	**$ -**
115	SA048	pack, minimum multi-specialty visit	2.1122	pack		1		0		1	
116	SB006	drape, non-sterile, sheet 40in x 60in	0.199	item		1		0		1	
117	SB044	underpad 2ft x 3ft (Chux)	0.2525	item		1		2		1	
118	SB022	gloves, non-sterile	0.138	pair		0		2			
119	SB037	pillow case	0.3478	item		0		2			
120	SC001	angiocatheter 14g-24g	1.7412	item		1		1		1	
121	SC012	heparin lock	0.8028	item		0		1			
122	SC018	iv infusion set	1.1515	item		0		1			
123	SC019	iv tubing (extension)	0.6075	foot		0		1			
124	SC029	needle, 18-27g	0.0767	item		1		2		1	
125	SC030	needle, 19-25g, butterfly	0.7335	item		0		1			
126	SC049	stop cock, 3-way	1.1413	item		1		1		1	
127	SC051	syringe 10-12ml	0.1905	item		1		2		1	
128	SC053	syringe 20ml	0.626	item		0		1			
129	SC057	syringe 5-6ml	0.145	item		0		1			
130	SC064	syringe-needle 3ml 22-26g	0.1325	item		0		1			
131	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.1347	item		1		1		1	
132	SG050	gauze, non-sterile 2in x 2in	0.1498	item		1		2		1	
133	SG079	tape, surgical paper 1in (Micropore)	0.004	inch		0		2			
134	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.73	item		1		2		1	
135	SJ053	swab-pad, alcohol	0.0198	item		1		1		1	
136	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.052	item		5		10		5	
137	SJ069	test strip, glucose (blood test)	0.8957	item						1	
138	SK059	paper, recording (per sheet)	0.0653	item							
139	SK072	sandpaper (per sheet)	0.501	item							
140	SD053	electrode, ECG (single)	0.0825	item							
141	**NEW**	IV line kit for Rb Generator	16.98	kit							
142		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
143											

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11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	l051A	RN	0.51						
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13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	l051A	RN	0.51						
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
144	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
145		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 151.86**	**$ -**	**$ 180.67**	**$ -**	**$ 125.28**	**$ -**
146	ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)	2178	Other Formula	0.017625181	4		7		0	
147	ED020	computer workstation, nuclear pharmacy management (hardware and software)	13400	Default	0.05309343	26		5		71	
148	EF009	chair, medical recliner	1185.9175	Default	0.003147101	11		0		71	
149	ED053	Professional PACS Workstation	14829.6153	PACS	0.058757846	18		13		20	
150	ER053	radiation L-block tabletop shield	725	Other Formula	0.001923952	18		28		27	
151	ER054	radiation survey meter	889.748	Default	0.002657556	18		18		71	
152	ER026	dose calibration source vial set (Cs137, Co57, and Ba137)	1159	Default	0.004592185	18		28		71	
153	ER058	safe, storage, lead-lined	6118.75	Default	0.01361051	18		28		**0**	
154	ER027	dose calibrator (Atomlab)	6368.4762	Default	0.025233152	18		28		71	
155	ER033	gamma counter, automatic	20892.28	Default	0.067432592	18		22		71	
156	ED019	computer workstation, nuclear medicine analysis-viewing	55097	Highly Technical	0.208763588	62		5		73	
157	ER032	gamma camera system, single-dual head	565000	Highly Technical	2.140795819	62		81			
158	ED050	Technologist PACS workstation	5557	Highly Technical	0.022017924	71		103		73	
159	ER097	gamma camera system, single-dual head SPECT CT	532350.477	Highly Technical	2.017086151						
160	EQ007	ECG R-wave trigger (gating) device	5671	Highly Technical	0.018303901					73	
161	EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)	16592.085	Default	0.044030856						
162	EF023	table, exam	2188.0593	Default	0.004867106						
163	**NEW**	PET Generator Infusion Cart	**47,088**	Highly Technical	0.238300419						
164	**NEW**	PET Refurbished Imaging Cardiac Configuration	425,000	Highly Technical	1.298431769					73	
165	**NEW**	PET/CT Imaging Camera Cardiac Configuration	1,232,226	Highly Technical	3.764615024						
166	**NEW**	Software and hardware package for Absolute Quantitation	40,501	Highly Technical	0.127201879						

	A	B	O	P	Q	R	U	V	W	X
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	78072 *Dual Rp* SPECT-CT		78429 Single *Rp* PET-CT FDG		78491 Single *Rp* PET Rb		78430 Single *Rp* PET-CT Rb	
3		RUC Collaboration Website	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently		with concurrently acquired computed tomography transmission scan		Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s),		single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography	
4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC								
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 287.92	$ -	$ 437.01	$ -	$ 237.48	$ -	$ 468.48	$ -
8		TOTAL CLINICAL STAFF TIME	136.0	0.0	133.0	0.0	115.0	0.0	126.0	0.0
9		TOTAL CLINICAL STAFF TIME								
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	23.0	0.0	25.0	0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME								
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	113.0	0.0	108.0	0.0	90.0	0.0	101.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME								
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME								
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 83.64	$ -	$ 81.80	$ -	$ 70.73	$ -	$ 77.49	$ -
17		PRE-SERVICE PERIOD								
18		Start: Following visit when decision for surgery or procedure made								
19	CA001	Complete pre-service diagnostic and referral forms								
20	CA002	Coordinate pre-surgery services (including test results)								
21	CA003	Schedule space and equipment in facility								
22	CA004	Provide pre-service education/obtain consent								
23	CA005	Complete pre-procedure phone calls and prescription								
24	CA005	Complete pre-procedure phone calls and prescription								
25	CA006	Confirm availability of prior images/studies	2		2		2		2	
26	CA007	Review patient clinical extant information and questionnaire	1		2		2		2	
27	CA008	Perform regulatory mandated quality assurance activity (pre-service)	20		21		21		21	
34		End: When patient enters office/facility for surgery/procedure								

	A	B	O	P	Q	R	U	V	W	X
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	78072 *Dual Rp* SPECT-CT		78429 Single *Rp* PET-CT FDG		78491 Single *Rp* PET Rb		78430 Single *Rp* PET-CT Rb	
3		RUC Collaboration Website	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently		with concurrently acquired computed tomography transmission scan		Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s),		single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography	
4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC								
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 287.92	$ -	$ 437.01	$ -	$ 237.48	$ -	$ 468.48	$ -
8		TOTAL CLINICAL STAFF TIME	136.0	0.0	133.0	0.0	115.0	0.0	126.0	0.0
9		TOTAL CLINICAL STAFF TIME								
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	23.0	0.0	25.0	0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME								
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	113.0	0.0	108.0	0.0	90.0	0.0	101.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME								
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
35		SERVICE PERIOD								
36		Start: When patient enters office/facility for surgery/procedure:								
37		Pre-Service (of service period)								
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3		3		3		3	
39	CA010	Obtain vital signs								
40	CA011	Provide education/obtain consent	3		10		3		3	
41	CA009	Greet patient, provide gowning, ensure appropriate medical records are available								
42	CA010	Obtain vital signs								
43	CA011	Provide education/obtain consent								
44	CA012	Review requisition, assess for special needs								
45	CA013	Prepare room, equipment and supplies	2		2		2		2	
46	CA013	Prepare room, equipment and supplies								
47	CA014	Confirm order, protocol exam								
48	CA015	Setup scope (nonfacility setting only)								
49	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	3		3		3		3	
50	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								
51	CA017	Sedate/apply anesthesia								
58		Intra-service (of service period)								
59	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)								
60	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)								
61	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)								
62	CA021	Perform procedure/service---NOT directly related to physician work time	89		75		65		75	
69	CA021	Perform procedure/service---NOT directly related to physician work time								
70		Post-Service (of service period)								
71	CA022	Monitor patient following procedure/service, multitasking 1:4								
72	CA023	Monitor patient following procedure/service, no multitasking								
73	CA024	Clean room/equipment by clinical staff	3		3		3		3	
74	CA024	Clean room/equipment by clinical staff								
75	CA025	Clean scope								
76	CA026	Clean surgical instrument package								
77	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	2		2		2		2	
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions								
79	CA028	Review/read post-procedure x-ray, lab and pathology reports								
80	CA029	Check dressings, catheters, wounds								
81	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	2		4		3		4	
82	CA031	Review examination with interpreting MD/DO	2		2		2		2	
83	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue	1		1		1		1	
84	CA033	Perform regulatory mandated quality assurance activity (service period)	3		3		3		3	
85	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)								
86	CA035	Review home care instructions, coordinate visits/prescriptions								

	A	B	O	P	Q	R	U	V	W	X
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**78072** ***Dual Rp* SPECT-CT**		**78429** **Single *Rp* PET-CT FDG**		**78491** **Single *Rp* PET Rb**		**78430** **Single *Rp* PET-CT Rb**	
3		***RUC Collaboration Website***	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently		with concurrently acquired computed tomography transmission scan		Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s),		single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography	
4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 287.92**	**$ -**	**$ 437.01**	**$ -**	**$ 237.48**	**$ -**	**$ 468.48**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**136.0**	**0.0**	**133.0**	**0.0**	**115.0**	**0.0**	**126.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**								
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**23.0**	**0.0**	**25.0**	**0.0**	**25.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**								
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**113.0**	**0.0**	**108.0**	**0.0**	**90.0**	**0.0**	**101.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**								
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
87	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**	
94		**End: Patient leaves office**								

	A	B	O	P	Q	R	U	V	W	X
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**78072 *Dual Rp* SPECT-CT**		**78429 Single *Rp* PET-CT FDG**		**78491 Single *Rp* PET Rb**		**78430 Single *Rp* PET-CT Rb**	
3		***RUC Collaboration Website***	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently		with concurrently acquired computed tomography transmission scan		Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s),		single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography	
4	Clinical Activity Code	**Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 287.92**	**$ -**	**$ 437.01**	**$ -**	**$ 237.48**	**$ -**	**$ 468.48**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**136.0**	**0.0**	**133.0**	**0.0**	**115.0**	**0.0**	**126.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**								
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**23.0**	**0.0**	**25.0**	**0.0**	**25.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**								
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**113.0**	**0.0**	**108.0**	**0.0**	**90.0**	**0.0**	**101.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**								
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
95		**POST-SERVICE PERIOD**								
96		**Start: Patient leaves office/facility**								
97	CA037	Conduct patient communications								
98	CA038	Coordinate post-procedure services								
99		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
105	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
112		**End: with last office visit before end of global period**								
113	**Supply Code**	**MEDICAL SUPPLIES**								
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 11.53**	**$ -**	**$ 7.90**	**$ -**	**$ 24.51**	**$ -**	**$ 24.51**	**$ -**
115	SA048	pack, minimum multi-specialty visit	0		1					
116	SB006	drape, non-sterile, sheet 40in x 60in	0		1					
117	SB044	underpad 2ft x 3ft (Chux)	2		1		2		2	
118	SB022	gloves, non-sterile	2				2		2	
119	SB037	pillow case	2				1		1	
120	SC001	angiocatheter 14g-24g	1		1		1		1	
121	SC012	heparin lock	1				1		1	
122	SC018	iv infusion set	1				1		1	
123	SC019	iv tubing (extension)	1							
124	SC029	needle, 18-27g	2		1		1		1	
125	SC030	needle, 19-25g, butterfly	1							
126	SC049	stop cock, 3-way	1		1		1		1	
127	SC051	syringe 10-12ml	2		1		1		1	
128	SC053	syringe 20ml	1							
129	SC057	syringe 5-6ml	1							
130	SC064	syringe-needle 3ml 22-26g	1							
131	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		1		1	
132	SG050	gauze, non-sterile 2in x 2in	2		1		1		1	
133	SG079	tape, surgical paper 1in (Micropore)	2							
134	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	2		1		1		1	
135	SJ053	swab-pad, alcohol	1		1		1		1	
136	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	10		5		5		5	
137	SJ069	test strip, glucose (blood test)			1		0		0	
138	SK059	paper, recording (per sheet)								
139	SK072	sandpaper (per sheet)								
140	SD053	electrode, ECG (single)								
141	**NEW**	IV line kit for Rb Generator					1		1	
142		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*								
143										

	A	B	O	P	Q	R	U	V	W	X
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED	
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3		RUC Collaboration Website	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently		with concurrently acquired computed tomography transmission scan		Myocardial imaging, positron emission tomography, perfusion; study (including ventricular wall motion(s),		single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography	
4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC								
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 287.92	$ -	$ 437.01	$ -	$ 237.48	$ -	$ 468.48	$ -
8		TOTAL CLINICAL STAFF TIME	136.0	0.0	133.0	0.0	115.0	0.0	126.0	0.0
9		TOTAL CLINICAL STAFF TIME								
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	23.0	0.0	25.0	0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME								
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	113.0	0.0	108.0	0.0	90.0	0.0	101.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME								
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
144	Equipment Code	EQUIPMENT								
145		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 192.74	$ -	$ 347.31	$ -	$ 142.25	$ -	$ 366.48	$ -
146	ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)	7		0		0		0	
147	ED020	computer workstation, nuclear pharmacy management (hardware and software)	26		81		71		81	
148	EF009	chair, medical recliner			81		0		0	
149	ED053	Professional PACS Workstation	23		25		17		19	
150	ER053	radiation L-block tabletop shield	28		27		27		27	
151	ER054	radiation survey meter	18		81		71		81	
152	ER026	dose calibration source vial set (Cs137, Co57, and Ba137)	28		81		71		81	
153	ER058	safe, storage, lead-lined	28		0		0		0	
154	ER027	dose calibrator (Atomlab)	28		81		71		81	
155	ER033	gamma counter, automatic	22		81		71		81	
156	ED019	computer workstation, nuclear medicine analysis-viewing	5		83		73		83	
157	ER032	gamma camera system, single-dual head	0							
158	ED050	Technologist PACS workstation	113		83		73		83	
159	ER097	gamma camera system, single-dual head SPECT CT	91							
160	EQ007	ECG R-wave trigger (gating) device			83		73		83	
161	EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)								
162	EF023	table, exam								
163	NEW	PET Generator Infusion Cart					73		83	
164	NEW	PET Refurbished Imaging Cardiac Configuration					73			
165	NEW	PET/CT Imaging Camera Cardiac Configuration			83				83	
166	NEW	Software and hardware package for Absolute Quantitation								

	A	B	AA	AB	AC	AD	AE	AF
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	93015 Billed together file 85% with 78492		78492 Single *Rp* 2 PET studies Rb		78431 Single *Rp* 2 PET-CT studies Rb	
3		***RUC Collaboration Website***	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise,		multiple studies at rest and stress (exercise or pharmacologic)		multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired	
4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 33.81	$ -	$ 315.07	$ -	$ 669.67	$ -
8		TOTAL CLINICAL STAFF TIME		0.0	147.0	0.0	167.0	0.0
9		TOTAL CLINICAL STAFF TIME	53.0	0.0				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	5.0	0.0				
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		0.0	122.0	0.0	142.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	48.0					
14		TOTAL POST-SERVICE CLINICAL STAFF TIME		0.0	0.0	0.0	0.0	0.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0				
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 27.03	$ -	$ 90.41	$ -	$ 102.71	$ -
17		PRE-SERVICE PERIOD						
18		Start: Following visit when decision for surgery or procedure made						
19	CA001	Complete pre-service diagnostic and referral forms						
20	CA002	Coordinate pre-surgery services (including test results)						
21	CA003	Schedule space and equipment in facility						
22	CA004	Provide pre-service education/obtain consent						
23	CA005	Complete pre-procedure phone calls and prescription	5					
24	CA005	Complete pre-procedure phone calls and prescription						
25	CA006	Confirm availability of prior images/studies			2		2	
26	CA007	Review patient clinical extant information and questionnaire			2		2	
27	CA008	Perform regulatory mandated quality assurance activity (pre-service)			21		21	
34		End: When patient enters office/facility for surgery/procedure						

	A	B	AA	AB	AC	AD	AE	AF
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	93015 Billed together file 85% with 78492		78492 Single *Rp* 2 PET studies Rb		78431 Single *Rp* 2 PET-CT studies Rb	
3		RUC Collaboration Website	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise,		multiple studies at rest and stress (exercise or pharmacologic)		multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired	
4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 33.81	$ -	$ 315.07	$ -	$ 669.67	$ -
8		TOTAL CLINICAL STAFF TIME		0.0	147.0	0.0	167.0	0.0
9		TOTAL CLINICAL STAFF TIME	53.0	0.0				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	5.0	0.0				
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		0.0	122.0	0.0	142.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	48.0					
14		TOTAL POST-SERVICE CLINICAL STAFF TIME		0.0	0.0	0.0	0.0	0.0
35		SERVICE PERIOD						
36		Start: When patient enters office/facility for surgery/procedure:						
37		Pre-Service (of service period)						
38	CA009	~~Greet patient, provide gowning, ensure appropriate medical records are available~~			3		3	
39	CA010	Obtain vital signs						
40	CA011	Provide education/obtain consent			3		3	
41	CA009	~~Greet patient, provide gowning, ensure appropriate medical records are available~~	3					
42	CA010	Obtain vital signs	5					
43	CA011	Provide education/obtain consent	4					
44	CA012	Review requisition, assess for special needs						
45	CA013	Prepare room, equipment and supplies			2		2	
46	CA013	Prepare room, equipment and supplies	2					
47	CA014	Confirm order, protocol exam						
48	CA015	Setup scope (nonfacility setting only)						
49	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			3		3	
50	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	5					
51	CA017	Sedate/apply anesthesia						
58		Intra-service (of service period)						
59	CA018	~~Assist physician or other qualified healthcare professional---directly related to physician work time (100%)~~						
60	CA019	~~Assist physician or other qualified healthcare professional---directly related to physician work time (67%)~~	14					
61	CA020	~~Assist physician or other qualified healthcare professional---directly related to physician work time (other%)~~						
62	CA021	Perform procedure/service---NOT directly related to physician work time			95		115	
69	CA021	Perform procedure/service---NOT directly related to physician work time						
70		Post-Service (of service period)						
71	CA022	Monitor patient following procedure/service, multitasking 1:4						
72	CA023	Monitor patient following procedure/service, no multitasking	5					
73	CA024	Clean room/equipment by clinical staff			3		3	
74	CA024	Clean room/equipment by clinical staff	3					
75	CA025	Clean scope						
76	CA026	Clean surgical instrument package						
77	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			2		2	
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	4					
79	CA028	Review/read post-procedure x-ray, lab and pathology reports						
80	CA029	Check dressings, catheters, wounds	3					
81	CA030	~~Technologist QC's images in PACS, checking for all images, reformats, and dose page~~			4		4	
82	CA031	Review examination with interpreting MD/DO			2		2	
83	CA032	~~Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue~~			2		2	
84	CA033	Perform regulatory mandated quality assurance activity (service period)			3		3	
85	CA034	~~Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)~~						
86	CA035	Review home care instructions, coordinate visits/prescriptions						

	A	B	AA	AB	AC	AD	AE	AF
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.	93015 Billed together file 85% with 78492		78492 Single *Rp* 2 PET studies Rb		78431 Single *Rp* 2 PET-CT studies Rb	
3		RUC Collaboration Website	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise,		multiple studies at rest and stress (exercise or pharmacologic)		multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired	
4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 33.81	$ -	$ 315.07	$ -	$ 669.67	$ -
8		TOTAL CLINICAL STAFF TIME		0.0	147.0	0.0	167.0	0.0
9		TOTAL CLINICAL STAFF TIME	53.0	0.0				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	5.0	0.0				
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		0.0	122.0	0.0	142.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	48.0					
14		TOTAL POST-SERVICE CLINICAL STAFF TIME		0.0	0.0	0.0	0.0	0.0
87	CA036	Discharge day management			n/a		n/a	
94		End: Patient leaves office						

	A	B	AA	AB	AC	AD	AE	AF
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**93015** **Billed together file** **85% with 78492**		**78492** **Single *Rp* 2 PET studies Rb**		**78431** **Single *Rp* 2 PET-CT studies Rb**	
3		***RUC Collaboration Website***	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise,		multiple studies at rest and stress (exercise or pharmacologic)		multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired	
4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 33.81**	**$ -**	**$ 315.07**	**$ -**	**$ 669.67**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**0.0**	**147.0**	**0.0**	**167.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**	**53.0**	**0.0**				
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**0.0**	**25.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**5.0**	**0.0**				
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**0.0**	**122.0**	**0.0**	**142.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**48.0**					
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
95		**POST-SERVICE PERIOD**						
96		**Start: Patient leaves office/facility**						
97	CA037	Conduct patient communications						
98	CA038	Coordinate post-procedure services						
99		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
105	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
112		**End: with last office visit before end of global period**						
113	**Supply Code**	**MEDICAL SUPPLIES**						
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 4.44**	**$ -**	**$ 23.99**	**$ -**	**$ 23.99**	**$ -**
115	SA048	pack, minimum multi-specialty visit	1		1		1	
116	SB006	drape, non-sterile, sheet 40in x 60in			1		1	
117	SB044	underpad 2ft x 3ft (Chux)			1		1	
118	SB022	gloves, non-sterile						
119	SB037	pillow case						
120	SC001	angiocatheter 14g-24g			1		1	
121	SC012	heparin lock						
122	SC018	iv infusion set						
123	SC019	iv tubing (extension)						
124	SC029	needle, 18-27g			1		1	
125	SC030	needle, 19-25g, butterfly						
126	SC049	stop cock, 3-way			1		1	
127	SC051	syringe 10-12ml			1		1	
128	SC053	syringe 20ml						
129	SC057	syringe 5-6ml						
130	SC064	syringe-needle 3ml 22-26g						
131	SG021	bandage, strip 0.75in x 3in (Bandaid)			1		1	
132	SG050	gauze, non-sterile 2in x 2in			1		1	
133	SG079	tape, surgical paper 1in (Micropore)						
134	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)			1		1	
135	SJ053	swab-pad, alcohol	1		1		1	
136	SM022	sanitizing cloth-wipe (surface, instruments, equipment)			5		5	
137	SJ069	test strip, glucose (blood test)			0		0	
138	SK059	paper, recording (per sheet)	15					
139	SK072	sandpaper (per sheet)	1					
140	SD053	electrode, ECG (single)	10					
141	**NEW**	IV line kit for Rb Generator			1		1	
142		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
143								

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4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 33.81	$ -	$ 315.07	$ -	$ 669.67	$ -
8		TOTAL CLINICAL STAFF TIME		0.0	147.0	0.0	167.0	0.0
9		TOTAL CLINICAL STAFF TIME	53.0	0.0				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	5.0	0.0				
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		0.0	122.0	0.0	142.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	48.0					
14		TOTAL POST-SERVICE CLINICAL STAFF TIME		0.0	0.0	0.0	0.0	0.0
144	Equipment Code	EQUIPMENT						
145		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 2.35	$ -	$ 200.68	$ -	$ 542.97	$ -
146	ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)			0		0	
147	ED020	computer workstation, nuclear pharmacy management (hardware and software)			101		121	
148	EF009	chair, medical recliner			0		0	
149	ED053	Professional PACS Workstation			21		24	
150	ER053	radiation L-block tabletop shield			27		27	
151	ER054	radiation survey meter			101		121	
152	ER026	dose calibration source vial set (Cs137, Co57, and Ba137)			101		121	
153	ER058	safe, storage, lead-lined			**0**		**0**	
154	ER027	dose calibrator (Atomlab)			101		121	
155	ER033	gamma counter, automatic			101		121	
156	ED019	computer workstation, nuclear medicine analysis-viewing			103		123	
157	ER032	gamma camera system, single-dual head						
158	ED050	Technologist PACS workstation			103		123	
159	ER097	gamma camera system, single-dual head SPECT CT						
160	EQ007	ECG R-wave trigger (gating) device			103		123	
161	EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)	48					
162	EF023	table, exam	48					
163	NEW	PET Generator Infusion Cart			103		123	
164	NEW	PET Refurbished Imaging Cardiac Configuration			103			
165	NEW	PET/CT Imaging Camera Cardiac Configuration					123	
166	NEW	Software and hardware package for Absolute Quantitation						

	A	B	AG	AH	AK	AL	AO	AP	AS	AT
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3		RUC Collaboration Website	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right		Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and		Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study		with concurrently acquired computed tomography transmission scan	
4	Clinical Activity Code	Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC								
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 17.28	$ -	$ 116.57	$ -	$ 487.40	$ -	$ 1,019.45	$ -
8		TOTAL CLINICAL STAFF TIME	23.0	0.0	23.0	0.0	204.0	0.0	224.0	0.0
9		TOTAL CLINICAL STAFF TIME								
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME								
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	12.0	0.0	23.0	0.0	179.0	0.0	199.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME								
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	11.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME								
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 14.15	$ -	$ 14.15	$ -	$ 125.46	$ -	$ 137.76	$ -
17		PRE-SERVICE PERIOD								
18		Start: Following visit when decision for surgery or procedure made								
19	CA001	Complete pre-service diagnostic and referral forms								
20	CA002	Coordinate pre-surgery services (including test results)								
21	CA003	Schedule space and equipment in facility								
22	CA004	Provide pre-service education/obtain consent								
23	CA005	Complete pre-procedure phone calls and prescription								
24	CA005	Complete pre-procedure phone calls and prescription								
25	CA006	Confirm availability of prior images/studies					2		2	
26	CA007	Review patient clinical extant information and questionnaire					2		2	
27	CA008	Perform regulatory mandated quality assurance activity (pre-service)					21		21	
34		End: When patient enters office/facility for surgery/procedure								

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5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	ZZZ	ZZZ	ZZZ	ZZZ	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 17.28	$ -	$ 116.57	$ -	$ 487.40	$ -	$ 1,019.45	$ -
8		TOTAL CLINICAL STAFF TIME	23.0	0.0	23.0	0.0	204.0	0.0	224.0	0.0
9		TOTAL CLINICAL STAFF TIME								
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	25.0	0.0	25.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME								
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	12.0	0.0	23.0	0.0	179.0	0.0	199.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME								
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	11.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
35		SERVICE PERIOD								
36		Start: When patient enters office/facility for surgery/procedure:								
37		Pre-Service (of service period)								
38	CA009	~~Greet patient, provide gowning, ensure appropriate medical records are available~~					4		4	
39	CA010	Obtain vital signs								
40	CA011	Provide education/obtain consent			1		10		10	
41	CA009	~~Greet patient, provide gowning, ensure appropriate medical records are available~~								
42	CA010	Obtain vital signs								
43	CA011	Provide education/obtain consent								
44	CA012	Review requisition, assess for special needs								
45	CA013	Prepare room, equipment and supplies					4		4	
46	CA013	Prepare room, equipment and supplies								
47	CA014	Confirm order, protocol exam								
48	CA015	Setup scope (nonfacility setting only)								
49	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient					5		5	
50	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								
51	CA017	Sedate/apply anesthesia								
58		Intra-service (of service period)								
59	CA018	~~Assist physician or other qualified healthcare professional---directly related to physician work time (100%)~~								
60	CA019	~~Assist physician or other qualified healthcare professional---directly related to physician work time (67%)~~								
61	CA020	~~Assist physician or other qualified healthcare professional---directly related to physician work time (other%)~~								
62	CA021	Perform procedure/service---NOT directly related to physician work time	12		20		135		155	
69	CA021	Perform procedure/service---NOT directly related to physician work time								
70		Post-Service (of service period)								
71	CA022	Monitor patient following procedure/service, multitasking 1:4								
72	CA023	Monitor patient following procedure/service, no multitasking								
73	CA024	Clean room/equipment by clinical staff					6		6	
74	CA024	Clean room/equipment by clinical staff								
75	CA025	Clean scope								
76	CA026	Clean surgical instrument package								
77	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					2		2	
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions								
79	CA028	Review/read post-procedure x-ray, lab and pathology reports								
80	CA029	Check dressings, catheters, wounds								
81	CA030	~~Technologist QC's images in PACS, checking for all images, reformats, and dose page~~			2		5		5	
82	CA031	Review examination with interpreting MD/DO					2		2	
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84	CA033	Perform regulatory mandated quality assurance activity (service period)					4		4	
85	CA034	~~Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)~~								
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1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
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3		***RUC Collaboration Website***	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right		Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and		Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study		with concurrently acquired computed tomography transmission scan	
4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019** **Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019** **Specialty: SNMMI, ACNM, ACR, ACC, ASNC**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 17.28**	**$ -**	**$ 116.57**	**$ -**	**$ 487.40**	**$ -**	**$ 1,019.45**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**23.0**	**0.0**	**23.0**	**0.0**	**204.0**	**0.0**	**224.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**								
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**25.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**								
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**12.0**	**0.0**	**23.0**	**0.0**	**179.0**	**0.0**	**199.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**								
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**11.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
87	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**	
94		**End: Patient leaves office**								

	A	B	AG	AH	AK	AL	AO	AP	AS	AT
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**78496** **add on code processing only**		**78434** **no add Rp add imaging and processing**		**78432** **Single PET perfusion single metabolic Rb + FDG 78491 plus 78459**		**78433** **Single PET-CT perfusion single metabolic Rb + FDG 78X31 plus 78429**	
3		***RUC Collaboration Website***	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right		Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and		Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study		with concurrently acquired computed tomography transmission scan	
4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 17.28**	**$ -**	**$ 116.57**	**$ -**	**$ 487.40**	**$ -**	**$ 1,019.45**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**23.0**	**0.0**	**23.0**	**0.0**	**204.0**	**0.0**	**224.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**								
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**25.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**								
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**12.0**	**0.0**	**23.0**	**0.0**	**179.0**	**0.0**	**199.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**								
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**11.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
95		**POST-SERVICE PERIOD**								
96		**Start: Patient leaves office/facility**								
97	CA037	Conduct patient communications								
98	CA038	Coordinate post-procedure services	11		0					
99		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
105	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
112		**End: with last office visit before end of global period**								
113	**Supply Code**	**MEDICAL SUPPLIES**								
114		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 25.14**	**$ -**	**$ 25.14**	**$ -**
115	SA048	pack, minimum multi-specialty visit					1		1	
116	SB006	drape, non-sterile, sheet 40in x 60in					1		1	
117	SB044	underpad 2ft x 3ft (Chux)					1		1	
118	SB022	gloves, non-sterile								
119	SB037	pillow case								
120	SC001	angiocatheter 14g-24g					1		1	
121	SC012	heparin lock								
122	SC018	iv infusion set								
123	SC019	iv tubing (extension)								
124	SC029	needle, 18-27g					1		1	
125	SC030	needle, 19-25g, butterfly								
126	SC049	stop cock, 3-way					1		1	
127	SC051	syringe 10-12ml					1		1	
128	SC053	syringe 20ml								
129	SC057	syringe 5-6ml								
130	SC064	syringe-needle 3ml 22-26g								
131	SG021	bandage, strip 0.75in x 3in (Bandaid)					1		1	
132	SG050	gauze, non-sterile 2in x 2in					1		1	
133	SG079	tape, surgical paper 1in (Micropore)								
134	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)					1		1	
135	SJ053	swab-pad, alcohol					1		1	
136	SM022	sanitizing cloth-wipe (surface, instruments, equipment)					10		10	
137	SJ069	test strip, glucose (blood test)					1		1	
138	SK059	paper, recording (per sheet)								
139	SK072	sandpaper (per sheet)								
140	SD053	electrode, ECG (single)								
141	**NEW**	IV line kit for Rb Generator					1		1	
142		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*								
143										

	A	B	AG	AH	AK	AL	AO	AP	AS	AT
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**78496** **add on code processing only**		**78434** **no add Rp add imaging and processing**		**78432** **Single PET perfusion single metabolic Rb + FDG 78491 plus 78459**		**78433** **Single PET-CT perfusion single metabolic Rb + FDG 78X31 plus 78429**	
3		***RUC Collaboration Website***	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right		Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography, rest and		Myocardial imaging, positron emission tomography, combined perfusion with metabolic evaluation study		with concurrently acquired computed tomography transmission scan	
4	**Clinical Activity Code**	**Meeting Date: October 2018 and January 2019 Tab: 13 Myocardial PET REVISED 10-3-2018, Revised 1-16-2019 Specialty: SNMMI, ACNM, ACR, ACC, ASNC**								
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 17.28**	**$ -**	**$ 116.57**	**$ -**	**$ 487.40**	**$ -**	**$ 1,019.45**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**23.0**	**0.0**	**23.0**	**0.0**	**204.0**	**0.0**	**224.0**	**0.0**
9		**TOTAL CLINICAL STAFF TIME**								
10		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**25.0**	**0.0**	**25.0**	**0.0**
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**								
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**12.0**	**0.0**	**23.0**	**0.0**	**179.0**	**0.0**	**199.0**	**0.0**
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**								
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**11.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
144	**Equipment Code**	**EQUIPMENT**								
145		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 3.13**	**$ -**	**$ 102.43**	**$ -**	**$ 336.80**	**$ -**	**$ 856.55**	**$ -**
146	ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)			0		0		0	
147	ED020	computer workstation, nuclear pharmacy management (hardware and software)			20		146		166	
148	EF009	chair, medical recliner			0		146		166	
149	ED053	Professional PACS Workstation			11		25		25	
150	ER053	radiation L-block tabletop shield					31		31	
151	ER054	radiation survey meter					146		166	
152	ER026	dose calibration source vial set (Cs137, Co57, and Ba137)					146		166	
153	ER058	safe, storage, lead-lined					**0**		**0**	
154	ER027	dose calibrator (Atomlab)					146		166	
155	ER033	gamma counter, automatic					146		166	
156	ED019	computer workstation, nuclear medicine analysis-viewing	15		23		175		195	
157	ER032	gamma camera system, single-dual head								
158	ED050	Technologist PACS workstation			23		173		193	
159	ER097	gamma camera system, single-dual head SPECT CT								
160	EQ007	ECG R-wave trigger (gating) device			23		175		195	
161	EQ078	cardiac monitor w-treadmill (12-lead PC-based ECG)								
162	EF023	table, exam								
163	**NEW**	PET Generator Infusion Cart			23		175		195	
164	**NEW**	PET Refurbished Imaging Cardiac Configuration					175			
165	**NEW**	PET/CT Imaging Camera Cardiac Configuration			23				195	
166	**NEW**	Software and hardware package for Absolute Quantitation			23					

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

SPECT-CT Procedures – Tab 14

At the September 2018 CPT Editorial Panel meeting, the Panel revised 5 codes, created 4 new codes and deleted nine codes to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures. The code change applicants noted and the Panel agreed that the resources involves in performing these services on different organ systems and body areas were similar enough where a generic family of codes be created, modeled after the current tumor and radiopharmaceutical distribution codes.

Compelling Evidence
The RUC reviewed the specialty's presented argument for compelling evidence. Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients. The RUC accepted compelling evidence based on a change in technique/change in technology.

78800 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar limited single area (eg, head, neck, chest pelvis), single day of imaging***
The RUC reviewed the survey results from 77 physicians and agreed on the following physician time components: 7 minutes of pre-service, 10 minutes of intra-service time and 10 minutes of immediate post-service time. CPT code 78800 involves imaging one body area with planar technology and is the least intense imaging study to perform in this family of services.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the survey 25th percentile work RVU of 0.70. To justify a work RVU of 0.70, the RUC compared the survey code to CPT code 94617 *Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry* (work RVU= 0.70, intra-service time of 10 minutes, total time of 26 minutes) and noted that both services have identical intra-service time and very similar total time and involve a similar amount of physician work. The RUC also compared the survey code to the 2nd key reference code 78305 *Bone and/or joint imaging; multiple areas* (work RVU= 0.83, intra-service time of 10 minutes, total time of 20 minutes) and noted that both services have identical intra-service time, but the reference code is more intense and complex to perform justifying the higher work value. The RUC also compared the survey code to CPT code 93289 *Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional…* (work RVU= 0.75, intra-service time of 10 minutes, total time of 24 minutes) and noted that both services involve identical intra-service time and should be valued similarly. **The RUC recommends a work RVU of 0.70 for CPT code 78800.**

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78801 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days of imaging or single area imaging over 2 or more days***
The RUC reviewed the survey results from 77 physicians and agreed on the following physician time components: 10 minutes of pre-service, 10 minutes of intra-service time and 10 minutes of immediate post-service time. This service involves either imaging of two or more body areas using planar technology, or performing two days of imaging of the same area and comparing the studies from each day.

The RUC reviewed the survey respondents' estimated physician work values and agreed that maintaining the current work RVU of 0.79 is appropriate and is supported by the survey 25th percentile work RVU of 0.86. To justify a work RVU of 0.79, the RUC compared the survey code to top key reference code 78305 *Bone and/or joint imaging; multiple areas* (work RVU= 0.83, intra-service time of 10 minutes, total time of 20 minutes) and noted that both services have identical intra-service time and a comparable amount of physician work. The RUC also compared the survey code to CPT code 78070 *Parathyroid planar imaging (including subtraction, when performed);* (work RVU= 0.80, intra-service time of 10 minutes, total time of 20 minutes) and noted that both services have identical intra-service time and involve a similar amount of physician work. **The RUC recommends a work RVU of 0.79 for CPT code 78801.**

78802 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar, whole body, single day of imaging***
The RUC reviewed the survey results from 80 physicians and agreed on the following physician time components: 10 minutes of pre-service, 10 minutes of intra-service time and 10 minutes of immediate post-service time. The RUC noted that survey code 78802 is a more intense service to perform relative to code 78801 as the whole-body code involves reviewing more anatomy and somewhat more complex decision-making in the same amount of time. In addition to the whole body imaging, this service also includes any spot or localized planar imaging as needed.

The RUC reviewed the survey respondents' estimated physician work values and agreed that maintaining the current work RVU of 0.86 would be appropriate and is supported by the survey 25th percentile work RVU of 0.89. To justify a work RVU of 0.86, the RUC compared the survey code to top key reference code 78306 *Bone and/or joint imaging; whole body* (work RVU= 0.86, intra-service time of 10 minutes, total time of 20 minutes) and noted that both services have identical intra-service time and involve an identical amount of physician work. Ninety-two percent of the survey respondents who selected the top key reference service 78306 said that the intensity and complexity between both services is identical. The RUC also compared the survey code to CPT code 78598 *Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed* (work RVU= 0.85, intra-service time of 10 minutes, total time of 24 minutes) and noted that both services have identical intra-service time and involve a similar amount of physician work. **The RUC recommends a work RVU of 0.86 for CPT code 78802.**

78803 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), single area (eg, head, neck, chest pelvis), single day of imaging***
The RUC reviewed the survey results from 76 physicians and agreed on the following physician time components: 10 minutes of pre-service, 22 minutes of intra-service time and 10 minutes of immediate post-service time. This survey code describes SPECT imaging and also includes any planar imaging that is performed on the same day of service. The specialty noted and the RUC agreed the SPECT and SPECT-CT services, which involves three-dimensional imaging, are relatively more intense services to perform than planar imaging codes 78800-78803 which do not involve three-dimensional imaging, and therefore would be expected to have a higher IWPUTs.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 1.20. To justify a work RVU of 1.20, the RUC compared the survey code to top key reference code 78071 *Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)* (work RVU= 1.20, intra-service time of 15 minutes, total time of 25 minutes) and noted that although the survey code involves somewhat more time, both services involve a very similar amount of physician work. The RUC also compared the survey code to CPT code 95908 *Nerve conduction studies; 3-4 studies* (work RVU= 1.25, intra-service time of 22 minutes, total time of 42 minutes) and noted that both services have identical times and should be valued similarly. **The RUC recommends a work RVU of 1.20 for CPT code 78803.**

78804 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar, whole body, requiring 2 or more days of imaging***
The RUC reviewed the survey results from 79 physicians and agreed on the following physician time components: 10 minutes of pre-service, 15 minutes of intra-service time and 15 minutes of immediate post-service time. This service includes all of the work described by code 78804, but then also conducting at least one additional whole body study on a separate day and then comparing the two or more studies performed on separate days. Additional spot planar imaging is also performed with this service, as needed.

The RUC reviewed the survey respondents' estimated physician work values and agreed that maintaining the current work RVU of 1.07 would be appropriate and is supported by the survey 25th percentile work RVU of 1.10. To justify a work RVU of 1.07, the RUC compared the survey code to 2nd key reference code 78582 *Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging* (work RVU= 1.07, intra-service time of 12 minutes, total time of 27 minutes) and noted that although the survey code involves somewhat more intra-service and total time, both services involve a similar amount of physician work. The RUC also compared the survey code to MPC code 70460 *Computed tomography, head or brain; with contrast material(s)* (work RVU= 1.13, intra-service time of 12 minutes, total time of 22 minutes) and noted that the valuation of the survey code is supported when compared to the time and values of the MPC code as both services involve a comparable amount of physician work. **The RUC recommends a work RVU of 1.07 for CPT code 78804.**

78830 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest or pelvis), single day of imaging***
The RUC reviewed the survey results from 78 physicians and agreed on the following physician time components: 10 minutes of pre-service, 25 minutes of intra-service time and 10 minutes of immediate post-service time. This survey code describes SPECT imaging with concurrently acquired CT imaging for combined fusion review and also includes any planar imaging that is performed on the same day of service. The specialty noted and the RUC agreed the SPECT and SPECT-CT services, which involves three-dimensional imaging, are relatively more intense services to perform than planar imaging codes 78800-78803 which do not involve three-dimensional imaging, and therefore would be expected to have a higher IWPUTs.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the survey 25th percentile work RVU of 1.60. To justify a work RVU of 1.60, the RUC compared the survey code to top key reference and MPC code 78072 *Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization* (work RVU= 1.60, intra-service time of 20 minutes, total time of 30 minutes) and noted that although the survey code typically involves somewhat more physician time, both services involve a very similar amount of physician work. The RUC also compared the survey code to MPC code 99304 *Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components…* (work RVU= 1.64, intra-service time of 23 minutes, total time of 43 minutes) and noted that the survey code involves two more minutes of intra-service and total time and both services should have similar values. **The RUC recommends a work RVU of 1.60 for CPT code 78830.**

78831 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days***

The RUC reviewed the survey results from 73 physicians and agreed on the following physician time components: 10 minutes of pre-service, 30 minutes of intra-service time and 15 minutes of immediate post-service time. This service involves either imaging of two or more body areas using SPECT technology, or performing two days of imaging of the same area and comparing the studies from each day. The specialty noted and the RUC agreed the SPECT and SPECT-CT services, which involves three-dimensional imaging, are relatively more intense services to perform than planar imaging codes 78800-78803 which do not involve three-dimensional imaging, and therefore would be expected to have a higher IWPUTs in general.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the survey median work RVU of 1.93. To justify a work RVU of 1.93, the RUC compared the survey code to top key reference code 78812 *Positron emission tomography (PET) imaging; skull base to mid-thigh* (work RVU= 1.93, intra-service time of 30 minutes, total time of 50 minutes) and noted that both services have identical intra-service time and the same amount of physician work. The RUC also compared the survey code to CPT code 95957 *Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)* (work RVU= 1.98, intra-service time of 50 minutes, total time of 55 minutes) and noted that both services involve identical intra-service and total time and a comparable amount of physician work. **The RUC recommends a work RVU of 1.93 for CPT code 78831.**

78832 ***Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days imaging***

The RUC reviewed the survey results from 72 physicians and agreed on the following physician time components: 10 minutes of pre-service, 35 minutes of intra-service time and 15 minutes of immediate post-service time, either performed on two or more body regions or multiple days. The specialty noted and the RUC agreed that the SPECT and SPECT-CT services, which involve three-dimensional imaging, are relatively more intense services to perform than the planar imaging codes 78800-78803 which do not involve three-dimensional imaging, and therefore would be expected to have higher IWPUTs in general.

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The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the survey median work RVU of 2.23. To justify a work RVU of 2.23, the RUC compared the survey code to CPT code 95939 *Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs* (work RVU= 2.25, intra-service time of 30 minutes, total time of 60 minutes) and noted that the survey code involves somewhat more intra-service time and both codes involve the same total time and a similar amount of physician work. The RUC also compared the survey code to MPC Code 99310 *Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components…* (work RVU= 2.35, intra-service time of 35 minutes, total time of 70 minutes) and noted that both services have identical intra-service times, whereas the reference code involves somewhat more total time, supporting a somewhat lower value for the survey code. **The RUC recommends a work RVU of 2.23 for CPT code 78832.**

78835 Radiopharmaceutical quantification measurement(s) single area

The RUC reviewed the survey results from 39 physicians and agreed on the following physician time components: 17 minutes of intra-service time.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the survey 25th percentile work RVU of 0.51. To justify a work RVU of 0.51, the RUC compared the survey code to CPT code 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)* (work RVU= 0.54, intra-service time of 15 minutes, total time of 17 minutes) and noted that both services have the same amount of total time and involve a similar amount of physician work. The RUC also compared the survey code to top key reference code 78496 *Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)* (work RVU= 0.50, intra-service time of 19 minutes) and noted that both services involve a similar amount of physician work. **The RUC recommends a work RVU of 0.51 for CPT code 78835.**

Practice Expense

The PE Subcommittee corrected the equipment times based on the formulas as provided by CMS. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology/New Services

The RUC recommends that CPT codes 78830-78835 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology **Nuclear Medicine** **Endocrine System**				
78012		*Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)*		
78013		*Thyroid imaging (including vascular flow, when performed);*		
78014		*with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)*		
78015		*Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)*		
78016		*with additional studies (eg, urinary recovery)*		
78018		*whole body*		
✚*78020*		*Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)*		
		(Use 78020 in conjunction with 78018 only)		
78070		*Parathyroid planar imaging (including subtraction, when performed);*		
78071		*with tomographic (SPECT)*		
78072		*with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization*		
		(Do not report 78070, 78071, 78072 in conjunction with 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835)		
Gastrointestinal System				
78201		*Liver imaging; static only*		
78202		*with vascular flow*		
		(For spleen imaging only, use 78185)		

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~~D~~78205	-	~~Liver imaging (SPECT);~~ (78205, 78206 have been deleted. To report, use 78803)	XXX	N/A (2019 work RVU = 0.71)
~~D~~78206	-	~~*with vascular flow*~~	XXX	N/A (2019 work RVU = 0.96)

Musculoskeletal System

Bone and joint imaging can be used in the diagnosis of a variety of inflammatory processes (eg, osteomyelitis), as well as for localization of primary and/or metastatic neoplasms.

78300 *Bone and/or joint imaging; limited area*

78305 *multiple areas*

78306 *whole body*

78315 *3 phase study*

~~D~~78320	-	~~tomographic (SPECT)~~ (78320 has been deleted. To report, use 78803)	XXX	N/A (2019 work RVU = 1.04)

Cardiovascular System

Myocardial perfusion and cardiac blood pool imaging studies may be performed at rest and/or during stress. When performed during exercise and/or pharmacologic stress, the appropriate stress testing code from the 93015-93018 series should be reported in addition to 78451-78454, 78472-78492.

78414 *Determination of central c-v hemodynamics (nonimaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations*

78428 *Cardiac shunt detection*

78445 *Non-cardiac vascular flow imaging (ie, angiography, venography)*

78451 *Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)*

(Do not report 78451 in conjunction with 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835)

78452 *multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection*

(Do not report 78452 in conjunction with 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835)

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78453	*Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)*
78454	*multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection*
78456	*Acute venous thrombosis imaging, peptide*
78457	*Venous thrombosis imaging, venogram; unilateral*
78458	*bilateral*
78459	*Myocardial imaging, positron emission tomography (PET), metabolic evaluation*
	(For myocardial perfusion study, see 78491-78492)
	(78460-78465 have been deleted. To report, see 78451-78454)
78466	*Myocardial imaging, infarct avid, planar; qualitative or quantitative*
78468	*with ejection fraction by first pass technique*
78469	*tomographic SPECT with or without quantification*
	(For myocardial sympathetic innervation imaging, see 0331T, 0332T)
	(Do not report 78469 in conjunction with 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835)
78472	*Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing*
	(For assessment of right ventricular ejection fraction by first pass technique, use 78496)
78473	*multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification*
	(Do not report 78472, 78473 in conjunction with 78451-78454, 78481, 78483, 78494)
	(78478, 78480 have been deleted. To report, see 78451- 78454)
78481	*Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification*
78483	*multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification*
	(For cerebral blood flow study, use 78610)
	(Do not report 78481-78483 in conjunction with 78451-78454)

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78491		*Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress*		
78492		*multiple studies at rest and/or stress*		
78494		*Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing* (Do not report 78494 in conjunction with 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832, 78835)		
Nervous System				
78600		*Brain imaging, less than 4 static views;*		
78601		*with vascular flow*		
78605		*Brain imaging, minimum 4 static views;*		
78606		*with vascular flow*		
~~**D**78607~~	-	~~Brain imaging, tomographic (SPECT)~~ (78607 has been deleted. To report, use 78803)	XXX	N/A (2019 work RVU = 1.23)
78608		*Brain imaging, positron emission tomography (PET); metabolic evaluation*		
78609		*perfusion evaluation*		
78610		*Brain imaging, vascular flow only*		
78630		*Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography* *(For injection procedure, see 61000-61070, 62270-62327)*		
78635		*ventriculography* *(For injection procedure, see 61000-61070, 62270-62294)*		
78645		*shunt evaluation* *(For injection procedure, see 61000-61070, 62270-62294)*		
~~**D**78647~~	-	~~tomographic (SPECT)~~ (78647 has been deleted. To report, use 78803)	XXX	N/A (2019 work RVU = 0.90)

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Genitourinary System				
78700		*Kidney imaging morphology;*		
78701		*with vascular flow*		
78707		*with vascular flow and function, single study without pharmacological intervention with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)*		
78709		*with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)*		
		(For introduction of radioactive substance in association with renal endoscopy, use 77778)		
~~D~~78710	-	~~tomographic (SPECT)~~ (78710 has been deleted. To report, use 78803)	XXX	N/A (2019 work RVU = 0.66)
Other Procedures				
		(For specific organ, see appropriate heading)		
		~~(For radiophosphorus tumor identification, ocular, see 78800)~~		
▲78800	U1	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar ~~limited~~ single area (eg, head, neck, chest pelvis), single day of imaging *(For specific organ, see appropriate heading)*	XXX	0.70
▲78801	U2	planar, ~~multiple~~ 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days of imaging or single area imaging over 2 or more days	XXX	0.79 (No Change)
▲78802	U3	planar, whole body, single day of imaging	XXX	0.86 (No Change)
▲78803	U4	tomographic (SPECT), single area (eg, head, neck, chest pelvis), single day of imaging	XXX	1.20
▲78804	U5	planar, whole body, requiring 2 or more days of imaging	XXX	1.07 (No Change)

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●78830	U6	tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest or pelvis), single day of imaging	XXX	1.60
●78831	U7	tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days	XXX	1.93
●78832	U8	tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days imaging (For cerebrospinal fluid studies that require injection procedure, see 61055, 61070, 62320, 63231, 62322, 62323)	XXX	2.23

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✚●78835	U9	Radiopharmaceutical quantification measurement(s) single area (Use 78835 in conjunction with 78830, 78832) (Report multiple units of 78835 if quantitation is more than 1 area or more than 1 day imaging) (For all nuclear medicine codes, select first the organ specific code; if there are no organ/system specific codes, see 78800, 78801, 78802, 78803, 78830, 78831, 78832) (For parathyroid imaging, see 78070, 78071, 78072) (Report myocardial SPECT imaging with codes 78451, 78452, 78469, 78494)	ZZZ	0.51
~~D~~78805	-	~~Radiopharmaceutical localization of inflammatory process; limited area~~	XXX	N/A (2019 work RVU = 0.73)
~~D~~78806	-	~~whole body~~	XXX	N/A (2019 work RVU = 0.86)
~~D~~78807	-	~~tomographic (SPECT)~~ (78805, 78806, 78807 have been deleted. To report, see 78300, 78305, 78306, 78315, 78800, 78801, 78802, 78803, 78830, 78831, 78832) (For imaging bone infectious or inflammatory disease with bone imaging radiopharmaceutical, see 78300, 78305, 78306, 78315~~, 78320~~)	XXX	N/A (2019 work RVU = 1.09)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78800 Tracking Number U1 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.70**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar single area (eg, head, neck, chest or pelvis), single day of imaging

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male with swollen digit on the right foot and positive bone scan uptake recently presents for indium labeled white blood cell (WBC) scan imaging performed at 24 hours after radiotracer re-injection. A single area of imaging is performed to evaluate for active infection and/or osteomyelitis.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays any prior (typically the physician reviews prior whole body bone studies, CT and MRI imaging studies), and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a single area imaging study. The ordering physician is consulted to clarify the indications, when necessary. The physician instructs the nuclear medicine technologists to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure The physician determines the adequacy of the planar limited study and the patient positioning. The physician interprets the planar images obtained. The physician correlates the findings to previous imaging, medical information and clinical story and generates a report for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures are recommended, as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight are provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM), and the American College of Radiology (ACR)					
CPT Code:	78800					
Sample Size:	4801	**Resp N:**	77	**Response:** 1.6 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures).					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	18.00	**35.00**	100.00	1206.00
Survey RVW:	0.27	0.70	**0.85**	1.20	2.54
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	15.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78800	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**7.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78300	XXX	0.62	**RUC Time**

CPT Descriptor Bone and/or joint imaging; limited area

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78305	XXX	0.83	**RUC Time**

CPT Descriptor Bone and/or joint imaging; multiple areas

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	868,983

CPT Descriptor 1 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,043,146

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 36.3 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 20.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 78800	**Top Key Reference CPT Code:** 78300	**2nd Key Reference CPT Code:** **78305**
Median Pre-Service Time	7.00	5.00	5.00
Median Intra-Service Time	10.00	10.00	10.00
Median Immediate Post-service Time	10.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**27.00**	**20.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	80%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	20%	70%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 788X0, 788X1, 788X2, 788X3, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
788X0	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
788X1	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
788X2	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition,

processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.
Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research
Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:
The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78800
78800 is an existing code that was revised to describe single day, single area planar radiotracer imaging. Survey respondents estimated this single study to take 7 minutes preservice, 10 minutes intraservice, and 10 minutes postservice. The median performance rate for this code was 35 services per year indicating that the survey respondents had experience with this procedure.

28 respondents (36%) selected code 78300 for Bone and joint limited area as the KRS. Respondents generally indicated 78800 to be somewhat more intense/complex in comparison to the KRS. 16 respondents (21%) selected 78305 for Bone and joint multiple area as the second KRS. Most respondents indicated 78800 to be identical or more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 0.70 with median survey times of 7 minutes preservice, 10 minutes intraservice, and 10 minutes postservice for 78800. This recommendation falls between MPC code 76536 that has an identical 10 minutes of intraservice time but less total time and RVUs, and MPC code 93015 that has more intraservice time and 1 minute less of total time compared to the surveyed code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78800 and 78805

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty independent Diag Testing How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 13500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes and multiplied by 3 as we typically do for nuclear medicine studies.

Specialty Diagnostic Radiology Frequency 6750 Percentage 50.00 %

Specialty IDTF Frequency 4050 Percentage 30.00 %

Specialty Nuclear Medicine Frequency 2700 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty Diagnostic Radiology Frequency 2250 Percentage 50.00 %

Specialty IDTF Frequency 1350 Percentage 30.00 %

Specialty Nuclear Medicine Frequency 900 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78805

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78801 Tracking Number U2 Original Specialty Recommended RVU: **0.79**
Presented Recommended RVU: **0.79**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.79**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days of imaging or single area imaging over 2 or more days

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female with history of prior sternotomy and pain with elevated sedimentation rate and suspected infection presents for Tc99m labeled WBC planar imaging of the sternum, at 2 hours and 24 hours post radiotracer re-injection (administration) to evaluate for active infection and/or osteomyelitis

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays any prior (typically the physician reviews prior whole body bone studies, CT and MRI imaging studies), and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a study including multiple single area images, either done as multiple single imaging studies done the same day or on multiple days. The ordering physician is consulted to clarify the indications, when necessary. The physician instructs the nuclear medicine technologist to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulations.
After the first day of imaging, the physician reviews day 1 set of images and instructs the technologist for how many hours post injection of the tracer to begin the next set of imaging. Decisions are made as to repeat imaging versus different positioning to address findings between the day two images.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. After review of day 1 images, the physician determines the sequence and timing of imaging for the second day (day 2). The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The physician determines the adequacy of the day 2 planar images and the patient positioning. The physician interprets the 2 days/areas of planar images obtained. The physician correlates the findings to previous imaging, medical information and clinical story and generates a report for the medical record

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and, if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures, are recommended as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight is provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)					
CPT Code:	78801					
Sample Size:	4801	**Resp N:**	77	**Response:** 1.6 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	600.00
Survey RVW:	0.40	0.86	**1.10**	1.40	2.54
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	14.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78801	**Recommended Physician Work RVU: 0.79**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78305	XXX	0.83	**RUC Time**

CPT Descriptor Bone and/or joint imaging; multiple areas

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78306	XXX	0.86	**RUC Time**

CPT Descriptor Bone and/or joint imaging; whole body

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	1,043,146

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	959,748

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 42.8 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 11.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 78801	**Top Key Reference CPT Code:** 78305	**2nd Key Reference CPT Code:** **78306**
Median Pre-Service Time	10.00	5.00	5.00
Median Intra-Service Time	10.00	10.00	10.00
Median Immediate Post-service Time	10.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**20.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	90%	10%	0%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	30%	70%	0%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of

the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 788X0, 788X1, 788X2, 788X3, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
788X0	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
788X1	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
788X2	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.

Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research
Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:
The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78801
78801 is an existing code that was revised to describe 2 or more days, 2 or more areas planar radiotracer imaging. Survey respondents estimated this single study to take 10 minutes preservice, 10 minutes intraservice, and 10 minutes postservice. The median performance rate for this code was 25 services per year indicating that the survey respondents had experience with this procedure and less than 78800 as is consistent with the lower volume claims data.
33 respondents (43%) selected code 78305 for Bone and joint multiple area as the KRS. Respondents generally indicated 78805 to be somewhat less intense/complex in comparison to the KRS. 9 respondents (12%) selected 78306 for Bone and joint multiple area as the second KRS. Most respondents indicated 78800 to be identical or less intense/complex in comparison to the KRS.

We recommend the existing work RVU of 0.79 with median survey times of 10 minutes preservice, 10 minutes intraservice, and 10 minutes postservice for 78801. This recommendation falls between MPC code 93015 and MPC code 76700 in terms of RVU and total times.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78801

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty independent Diagnostic Testing Facility How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 3000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes and multiplied by 3 as we typically do for nuclear medicine studies.

Specialty DR Frequency 1500 Percentage 50.00 %

Specialty IDTF Frequency 900 Percentage 30.00 %

Specialty NM Frequency 600 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 500 Percentage 50.00 %

Specialty IDTF Frequency 300 Percentage 30.00 %

Specialty NM Frequency 200 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 78801

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78802 Tracking Number U3 Original Specialty Recommended RVU: **0.86**
Presented Recommended RVU: **0.86**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.86**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar whole body, single day of imaging

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 61-year-old female with suspected sepsis of undetermined site based on fever, leukocytosis, and positive culture presents for indium-111 white blood cell (WBC) evaluation of the body, performed on one day (24 hours post radiopharmaceutical administration) to determine the locus of infection.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records, X rays any prior (typically the physician reviews prior whole body bone studies, CT and MRI imaging studies), and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a whole body tumor, infection or radiopharmaceutical distribution, including, when necessary additional planar spot images. The ordering physician is consulted to clarify the indications, when necessary. The physician instructs the nuclear medicine technologist to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient clinical situation and diagnosis. The physician is available to answer questions for the technologist and patient and to review components of the study throughout the procedure.

The physician determines the adequacy of the initial planar images, the need for additional focused planar views and the patient positioning. The physician reviews any additional planar views/images and then interprets whole body planar and any additional focused images. The physician correlates the findings to previous imaging studies, medical information and clinical story and generates a report for the medical record.

Description of Post-Service Work: The report is reviewed and signed. The imaging results may be discussed with the referring physician and if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures, are recommended as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight is provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)					
CPT Code:	78802					
Sample Size:	4801	**Resp N:**	80	**Response:** 1.6 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	18.00	**40.00**	100.00	1200.00
Survey RVW:	0.80	0.89	**1.00**	1.22	2.54
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**10.00**	15.00	16.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78802	**Recommended Physician Work RVU: 0.86**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78306	XXX	0.86	**RUC Time**

CPT Descriptor Bone and/or joint imaging; whole body

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78582	XXX	1.07	**RUC Time**

CPT Descriptor Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	959,748

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	2,721,560

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 56 **% of respondents:** 70.0 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 5.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 78802	Top Key Reference CPT Code: 78306	2nd Key Reference CPT Code: 78582
Median Pre-Service Time	10.00	5.00	5.00
Median Intra-Service Time	10.00	10.00	12.00
Median Immediate Post-service Time	10.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**30.00**	**20.00**	**27.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	92%	8%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	78%	20%	2%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 788X0, 788X1, 788X2, 788X3, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
788X0	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
788X1	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
788X2	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.

Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research

Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:

The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78802

78802 is an existing code that was revised to describe single day, whole body radiotracer imaging. Survey respondents estimated this single study to take 10 minutes preservice, 10 minutes intraservice, and 15 minutes postservice. The median performance rate for this code was 40 services per year indicating that the survey respondents had experience with this procedure and more than 78800 as is consistent with the higher volume claims data.
56 respondents (70%) selected code 78306 for Bone and joint whole body as the KRS. Respondents generally indicated 78806 to be identical for intense/complexity in comparison to the KRS. 4 respondents (12%) selected 78582 for VQ Lung imaging as the second KRS. Most respondents indicated 78802 to be identical or less intense/complex in comparison to the KRS.

We recommend the existing work RVU of 0.86 with median survey times of 10 minutes preservice, 10 minutes intraservice, and 15 minutes postservice for 78802. This recommendation falls between MPC code 78700 and MPC code 99202 in terms of RVU. The total time of the surveyed code is higher than that of the MPC codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78802 and 78806

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty independent Diagnostic Testing Facilities How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 45000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes and multiplied by 3 as we typically do for nuclear medicine studies.

Specialty DR Frequency 22500 Percentage 50.00 %

Specialty IDTF Frequency 13500 Percentage 30.00 %

Specialty NM Frequency 9000 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 7500 Percentage 50.00 %

Specialty IDTF Frequency 4500 Percentage 30.00 %

Specialty NM Frequency 3000 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78806

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78803 Tracking Number U4 Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.20**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), single area (eg, head, neck, chest or pelvis), single day of imaging

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old confused male with shortness of breath and lower extremity deep vein thrombosis is evaluated for segmental pulmonary thromboembolism and determination of extent of lung involvement. A lung perfusion SPECT study performed.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records and any prior imaging procedures (including nuclear medicine, CT and/or MRI imaging studies) and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The ordering physician is consulted to clarify the indications, when necessary. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a whole body tumor, infection or radiopharmaceutical distribution, including when necessary, additional planar spot images, including a SPECT study done of single area. This includes the specific area of the body the SPECT study is be imaged with SPECT and any necessary acquisition parameters required for the specific SPECT study (ie. number of steps and counts required for each stop on the SPECT study. The physician instructs the nuclear medicine technologist to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient clinical situation and diagnosis. The physician is available to answer questions for the technologist and patient and to review components of the study throughout the procedure.
The physician verifies the completeness and adequacy of the SPECT data sets before completion of the study and orders additional imaging as necessary. The physician reviews all images for artifacts and abnormal distribution. Reconstructed images in three planes are reviewed. The physician reviews the cine of images, applies filters necessary for the patient protocol. Verify registration of the attenuation maps, if utilized. Results are compared to relevant prior studies, laboratory or other electronic record information. A formal consultative report is produced for the medical record.

CPT Code: 78803

Description of Post-Service Work: The report of the whole body tumor, infection or radiopharmaceutical distribution, including a single SPECT study, including when necessary, additional planar spot images, is reviewed and signed. The imaging results may be discussed with the referring physician and if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures), are recommended as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight is provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
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Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)					
CPT Code:	78803					
Sample Size:	4801	**Resp N:**	76	**Response:** 1.5 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	13.00	**30.00**	85.00	800.00
Survey RVW:	0.85	1.20	**1.30**	1.60	2.40
Pre-Service Evaluation Time:			**17.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**22.00**	35.00	130.00

Immediate Post Service-Time:	**26.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78803	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**22.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78071	XXX	1.20	**RUC Time**

CPT Descriptor Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78072	XXX	1.60	**RUC Time**

CPT Descriptor Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70460	XXX	1.13	**RUC Time**	31,683

CPT Descriptor 1 Computed tomography, head or brain; with contrast material(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	XXX	1.27	**RUC Time**	107,627

CPT Descriptor 2 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 44.7 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 15.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 78803	**Top Key Reference CPT Code:** 78071	**2nd Key Reference CPT Code:** **78072**
Median Pre-Service Time	10.00	5.00	5.00
Median Intra-Service Time	22.00	15.00	20.00
Median Immediate Post-service Time	10.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**42.00**	**25.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	75%	25%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			

Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	5%	75%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of

the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 788X0, 788X1, 788X2, 788X3, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
788X0	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
788X1	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
788X2	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.

Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research

Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:

The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78803

78803 is an existing code that was revised to describe single day, single area SPECT radiotracer imaging. Of note, any planar imaging would also be included in this code as are other SPECT nuclear medicine services. Survey respondents estimated this single study to take 17 minutes preservice, 22 minutes intraservice, and 26 minutes postservice. The median performance rate for this code was 30 services per year indicating that the survey respondents had experience with this procedure.

34 respondents (45%) selected code 78071 for Parathyroid SPECT as the KRS. Respondents generally indicated 78803 to be somewhat more intense/complex in comparison to the KRS. 16 respondents (12%) selected 78072 for Parathyroid SPECT-CT as the second KRS. Most respondents indicated 78803 to be identical or more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 1.20 with modified median survey times of 15 minutes preservice, 22 minutes intraservice, and 15 minutes postservice for 78803. This recommendation falls between MPC code 70460 that has similar minutes of intraservice time but less total time and RVUs, and MPC code 70470 that has less intraservice time and higher RVW.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.

- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty independent Diagnostic Testing Facility How often? Commonly

Specialty Nuclear Medicine How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 75000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes and multiplied by 3 as we typically do for nuclear medicine studies.

Specialty DR Frequency 37500 Percentage 50.00 %

Specialty IDTF Frequency 22500 Percentage 30.00 %

Specialty NM Frequency 15000 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 12500 Percentage 50.00 %

Specialty IDTF Frequency 7500 Percentage 30.00 %

Specialty NM Frequency 5000 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78320

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78804 Tracking Number U5 Original Specialty Recommended RVU: **1.07**
Presented Recommended RVU: **1.07**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.07**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar, whole body, requiring 2 or more days of imaging

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old man with history of metastatic well differentiated neuroendocrine cancer presents for indium-111 pentetreotide whole-body imaging performed over two days (two body scans performed), to determine response to ongoing therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records and any prior imaging procedures (including nuclear medicine, CT and/or MRI imaging studies), and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a whole body tumor, infection or radiopharmaceutical distribution, including when necessary, additional planar spot images, when done on multiple days. The ordering physician is consulted to clarify the indications, when necessary. The physician instructs the nuclear medicine technologist to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulations. After the first day of imaging, the physician reviews day 1 set of images and instructs the technologist for how many hours post injection of the tracer to begin the next set of imaging. Decisions are made as to repeat imaging versus different positioning to address findings between the day two images.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient clinical situation and diagnosis. The physician is available to answer questions for the technologist and patient and to review components of the study throughout the procedure.

The physician determines the adequacy of the day 1 planar images and the patient positioning and need for any additional planar images to be obtained. The physician initially correlates the findings to previous imaging, medical information and clinical story and determines the appropriateness and timing of the day 2 whole body planar imaging.

The physician determines the adequacy of the multiple day planar studies (on both days) and the patient positioning and need for additional planar or other images. The physician interprets multiple day whole body planar images obtained. The physician correlates the findings to early and late imaging, previous imaging, medical information and clinical story and generates a report for the medical record.

Description of Post-Service Work: The report of the multiple day whole body tumor, infection or radiopharmaceutical distribution, including when necessary, additional planar spot images is reviewed and signed. The imaging results may be discussed with the referring physician and if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures, are recommended as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight is provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)					
CPT Code:	78804					
Sample Size:	4801	**Resp N:**	79	**Response:** 1.6 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	50.00	400.00
Survey RVW:	0.83	1.10	**1.20**	1.80	2.60
Pre-Service Evaluation Time:			**15.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	10.00	**15.00**	25.00	75.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78804	**Recommended Physician Work RVU: 1.07**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78306	XXX	0.86	**RUC Time**

CPT Descriptor Bone and/or joint imaging; whole body

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78582	XXX	1.07	**RUC Time**

CPT Descriptor Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	2,721,560

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70460	XXX	1.13	**RUC Time**	31,683

CPT Descriptor 2 Computed tomography, head or brain; with contrast material(s)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 30.3 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 15.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 78804	Top Key Reference CPT Code: 78306	2nd Key Reference CPT Code: 78582
Median Pre-Service Time	10.00	5.00	5.00
Median Intra-Service Time	15.00	10.00	12.00
Median Immediate Post-service Time	15.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**40.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	20%	80%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	70%	20%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 788X0, 788X1, 788X2, 788X3, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
788X0	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
788X1	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
788X2	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in

radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.

Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research

Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:

The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78804

78804 is an existing code that was revised to describe two or more days, whole body radiotracer imaging. Survey respondents estimated this single study to take 15 minutes preservice, 15 minutes intraservice, and 20 minutes postservice. The median performance rate for this code was 25 services per year indicating that the survey respondents had experience with this procedure and similar to 78800 as is consistent with the volume in the CMS claims data.

24 respondents (30%) selected code 78306 for Bone and joint whole body as the KRS. Respondents generally indicated 78806 to be somewhat more intense/complexity in comparison to the KRS. 12 respondents (15%) selected 78582 for VQ Lung imaging as the second KRS. Most respondents indicated 78802 to be identical or somewhat more intense/complex in comparison to the KRS.

We recommend the existing work RVU of 1.07 which is just below the 25th percentile with median survey times of 15 minutes preservice, 15 minutes intraservice, and 15 minutes (reduced to 15 as noted in our time recommendations discussion above) postservice for 78804. This recommendation falls between MPC code 99202 and MPC code 70460 in terms of RVU and had a greater total time compared to the MPC codes

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SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 78804

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty independent Diagnostic Testing Facility How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 10500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes and multiplied by 3 as we typically do for nuclear medicine studies.

Specialty DR Frequency 5250 Percentage 50.00 %

Specialty IDTF Frequency 3150 Percentage 30.00 %

Specialty NM Frequency 2100 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 1750 Percentage 50.00 %

Specialty IDTF Frequency 1050 Percentage 30.00 %

Specialty NM Frequency 700 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 77804

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78830 Tracking Number U6 Original Specialty Recommended RVU: **1.60**
Presented Recommended RVU: **1.60**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.60**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest or pelvis), single day of imaging

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female with chronic low back pain, status post lumbar laminectomy 18 months prior with posterolateral bone graft fusion and hardware level L2-S1, presents for bone SPECT/CT imaging of the lumbar spine (single study) performed to determine the presence of stress fractures, pseudoarthosis of the bone fusion graft and/or determination of fixation hardware motion-loosening or other pathology.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records and any prior imaging procedures (including nuclear medicine, CT and/or MRI imaging studies) and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The ordering physician is consulted to clarify the indications, when necessary. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a whole body tumor, infection or radiopharmaceutical distribution, including when necessary, additional planar spot images, including a SPECT study done of single area, including a non-optimized, non-contrast CT study acquired for attenuation correction and anatomic localization. This includes the specific area of the body the SPECT/CT study is be imaged with SPECT/CT and any necessary acquisition parameters required for the specific SPECT/CT study (ie. number of steps and counts required for each stop on the SPECT study and the CT acquisition parameters required for the specific part of the body to be imaged). The physician instructs the nuclear medicine technologist to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient clinical situation and diagnosis. The physician is available to answer questions for the technologist and patient and to review components of the study throughout the procedure.

The physician oversees the administration of the diagnostic radiopharmaceutical and instructs technologist with initial protocol choice based on patient history. The physician determines the adequacy of the SPECT/CT study and the patient

positioning looking for motion artifact and reviews the cinegraphic images and CT transmission for proper registration and applies filters as necessary for the individual study. The physician interprets the single area SPECT/CT images obtained; including evaluation and review of 3 planes of SPECT images for determination of radiopharmaceutical based physiology uptake and pathology. Review of 3 planes of (cross sectional) CT for anatomy, incidental findings and CT pathology (including hardware or surgical grafts, if present). The fused SPECT-CT images are correlated. The physician compares the SPECT-CT findings to previous imaging, medical information and clinical story and generates a report for the medical record; including recording any relevant CT incidental or relevant findings.

Description of Post-Service Work: The report of the whole body tumor, infection or radiopharmaceutical distribution, including a single SPECT/CT study, including when necessary, additional planar spot images, is reviewed and signed. The imaging results may be discussed with the referring physician and if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures), are recommended as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight is provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)					
CPT Code:	78830					
Sample Size:	4801	**Resp N:**	78	**Response:** 1.6 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**30.00**	100.00	800.00
Survey RVW:	1.17	1.60	**1.68**	2.19	3.10
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**25.00**	34.00	55.00

Immediate Post Service-Time:	**25.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78830	**Recommended Physician Work RVU: 1.60**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78072	XXX	1.60	**RUC Time**

CPT Descriptor Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78814	XXX	2.20	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70470	090	1.27	**RUC Time**	107,627

CPT Descriptor 1 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78072	XXX	1.60	**RUC Time**	8,461

CPT Descriptor 2 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 35 **% of respondents:** 44.8 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 19.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 78830	**Top Key Reference CPT Code:** 78072	**2nd Key Reference CPT Code:** **78814**
Median Pre-Service Time	10.00	5.00	15.00
Median Intra-Service Time	25.00	20.00	30.00
Median Immediate Post-service Time	10.00	5.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**45.00**	**30.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	0%	80%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	5%	5%	70%	20%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 78830, 78831, 78832, 78835, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
78830	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
78831	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
78832	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.

Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research

Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:

The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78830

78830 is a new code to describe single day, single area SPECT-CT radiotracer imaging. Of note, any planar imaging would also be included in this code as are other SPECT nuclear medicine services. Survey respondents estimated this single study to take 30 minutes preservice, 25 minutes intraservice, and 25 minutes postservice. The median performance rate for this code was 30 services per year indicating that the survey respondents had experience with this procedure.

35 respondents (45%) selected code 78072 for Parathyroid SPECT-CT as the KRS. Respondents generally indicated 78830 to be somewhat more intense/complex in comparison to the KRS. 15 respondents (19%) selected 78814 for PET-CT limited area as the second KRS. Most respondents indicated 78830 to be more intense/complex in comparison to the KRS.

We recommend the survey 25th-percentile work RVU of 1.60 with modified median survey times of 15 minutes preservice, 25 minutes intraservice, and 15 minutes postservice for 78830. This recommendation falls between MPC code 70470 that has less intraservice time and lower RVUs, and MPC code 78072 that has less intraservice time and an identical RVW.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New code could be any 78X99 code

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Independent Diagnostic Testing Facility How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 45000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes and multiplied by 3 as we typically do for nuclear medicine studies.

Specialty DR Frequency 22500 Percentage 50.00 %

Specialty IDTF Frequency 13500 Percentage 30.00 %

Specialty NM Frequency 9000 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 7500 Percentage 50.00 %

Specialty IDTF Frequency 4500 Percentage 30.00 %

Specialty NM Frequency 3000 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78320

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78831 Tracking Number U7 Original Specialty Recommended RVU: **1.93**
Presented Recommended RVU: **1.93**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **1.93**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with metastatic papillary thyroid cancer with a prior radioiodine body scan indicating suspected nodal or bone involvement in the thorax and non-specific activity in the pelvis presents for two SPECT studies performed (same day) following body scan to anatomically localize thorax pathology and to help localize pathology in the pelvis.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records and any prior imaging procedures (including nuclear medicine, CT and/or MRI imaging studies) and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The ordering physician is consulted to clarify the indications, when necessary. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a whole body tumor, infection or radiopharmaceutical distribution, including when necessary, additional planar spot images, including the SPECT studies done of two or more areas, or a single site done on 2 or more days. This includes the specific areas of the body to be imaged with SPECT and any necessary acquisition parameters required for the specific SPECT studies (ie. number of steps and counts required for each stop on the SPECT study. After the first day of imaging, the physician reviews day 1 set of images and instructs the technologist for how many hours post injection of the tracer to begin the next set of imaging. Decisions are made as to repeat imaging versus different positioning to address findings between the day two images. The physician instructs the nuclear medicine technologist to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulation.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The physician reviews the history, physical exam, and prior medical records and evaluates the adequacy of patient for procedure ordered. The physician oversees the administration of the diagnostic radiopharmaceutical and instructs

technologist with protocol choice based on patient history. The physician determines the adequacy of the SPECT studies and the patient positioning looking for motion artifact. The physician reviews the two sets of cinegraphic of images, applies filters necessary for each SPECT for the patient protocol and performs visual and/or software merging of correlative prior imaging studies (eg MR, diagnostic CT). The physician interprets two sets of SPECT images obtained and correlation of the findings to previous imaging, medical information and clinical story and generates a report for the medical record.

Description of Post-Service Work: The report of the whole body tumor, infection or radiopharmaceutical distribution, including one or more SPECT studies, including when necessary, additional planar spot images, is reviewed and signed. The imaging results may be discussed with the referring physician and if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures), are recommended as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight is provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)					
CPT Code:	78831					
Sample Size:	4801	**Resp N:**	73	**Response:** 1.5 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	50.00	250.00
Survey RVW:	1.00	1.62	**1.93**	2.50	105.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	12.00	**30.00**	35.00	50.00

Immediate Post Service-Time:	**26.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78831	**Recommended Physician Work RVU: 1.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78812	XXX	1.93	**RUC Time**

CPT Descriptor Positron emission tomography (PET) imaging; skull base to mid-thigh

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78814	XXX	2.20	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78072	XXX	1.60	**RUC Time**	8,461

CPT Descriptor 1 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99233	XXX	2.00	**RUC Time**	23,080,571

CPT Descriptor 2 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 17.8 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 78831	**Top Key Reference CPT Code:** 78812	**2nd Key Reference CPT Code:** **78814**
Median Pre-Service Time	10.00	10.00	15.00
Median Intra-Service Time	30.00	30.00	30.00
Median Immediate Post-service Time	15.00	10.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**55.00**	**50.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	10%	80%	5%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	75%	5%	15%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 78830, 78831, 78832, 78835, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
78830	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
78831	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
78832	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in

radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.

Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research

Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:

The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78831

78831 is a new code to describe 2 or more day or 2 or more area SPECT radiotracer imaging. Of note, any planar imaging would also be included in this code as are other SPECT nuclear medicine services. Survey respondents estimated this multiple study to take 30 minutes preservice, 30 minutes intraservice, and 26 minutes postservice. The median performance rate for this code was 30 services per year indicating that the survey respondents had experience with this procedure.

13 respondents (18%) selected code 78812 for PET torso imaging as the KRS. Respondents generally indicated 78831 to be somewhat more intense/complex in comparison to the KRS. 13 respondents (18%) selected 78814 for PET-CT limited area as the second KRS. Most respondents indicated 78831 to be more intense/complex in comparison to the KRS.

We recommend the survey median work RVU of 1.93 to maintain rank relativity of these services with modified median survey times of 15 minutes preservice and 30 minutes intraservice, as well as a modified 20 minutes postservice for 78831. This recommendation falls between MPC code 78072 that has less total time and lower RVUs, and MPC code 99233 that has an identical intra service and similar RVW.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New service could be any one of the 78X99 codes

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Independent Diagnostic Testing Facilities How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 30000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 15000 Percentage 50.00 %

Specialty IDTF Frequency 9000 Percentage 30.00 %

Specialty NM Frequency 6000 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 5000 Percentage 50.00 %

Specialty IDTF Frequency 3000 Percentage 30.00 %

Specialty NM Frequency 2000 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78803

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78832 Tracking Number U8 Original Specialty Recommended RVU: **2.23**
Presented Recommended RVU: **2.23**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **2.23**

CPT Descriptor: Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days imaging
(For cerebrospinal fluid studies that require injection procedure, see 61055, 61070, 62320-62323)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 82-year-female with vascular grafts and sepsis with possible discitis in the cervical and lumbar spine suggested by prior imaging, presents for multiple (2 or more) Gallium-67 SPECT/CT studies required over one-two days to detect and anatomically localize multiple sites of infection suspected in the spine.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the clinical request, pertinent medical records and any prior imaging procedures (including nuclear medicine, CT and/or MRI imaging studies) and interim medical history, including medications and concurrent medical problems. The possible treatment options (surgical vs medical) are reviewed and the choice of several radiopharmaceuticals is considered based on the information in the medical record and/or discussion with the referring physician. The ordering physician is consulted to clarify the indications, when necessary. The physician confirms the contraindications for the varying options of radiotracers. The decision is made as to the appropriateness of the study and the different views necessary, including the typical protocol for a whole body tumor, infection or radiopharmaceutical distribution, including when necessary, additional planar spot images, including the SPECT/CT studies done of two or more areas, or a single site done on 2 or more days. This includes the specific areas of the body to be imaged with SPECT/CT and any necessary acquisition parameters required for the specific SPECT/CT studies (ie. number of steps and counts required for each stop on the SPECT studies and the CT acquisition parameters required for the specific parts of the body to be imaged). After the first day of imaging, the physician reviews day 1 set of images and instructs the technologist for how many hours post injection of the tracer to begin the next set of imaging. Decisions are made as to repeat imaging versus different positioning to address findings between the day two images. The physician instructs the nuclear medicine technologist to order the appropriate radiopharmaceutical and administered activity and provides oversight required by Nuclear Regulatory Commission (NRC) and/or state regulations.

Description of Intra-Service Work: The physician instructs and oversees the nuclear medicine technologists in the administration of the radiopharmaceutical including verifying the dosage per Nuclear Regulatory Commission (NRC) and/or state regulations. The physician directs the nuclear medicine technologist to adjust the acquisition protocol as necessary for the individual patient. The physician is available to answer questions for the technologist and to review components of the study throughout the procedure.

The physician oversees the administration of the diagnostic radiopharmaceutical and instructs technologist with initial protocol choice based on patient history. After completion of the initial SPECT-CT study, the physician reviews the image sets and determines the region and timing of the second (or more) SPECT-CT study. After completion, the physician determines the adequacy of the second SPECT/CT study and the patient positioning looking for motion artifact and reviews the cinegraphic images and CT transmission for proper registration and applies filters as necessary for the individual study.

The physician interprets the two (or more) areas of SPECT/CT images obtained; including evaluation and review of 3 planes of SPECT images for determination of radiopharmaceutical based physiology uptake and pathology. Review of 3 planes of (cross sectional) CT for anatomy, incidental findings and CT pathology (including hardware or surgical grafts, if present). The fused SPECT-CT images are correlated. The physician compares the two (or more) SPECT-CT studies results and findings to previous imaging, medical information and clinical story and generates a comprehensive report for the medical record; including recording any incidental or relevant CT findings.

Description of Post-Service Work: The report of the whole body tumor, infection or radiopharmaceutical distribution, including multiple SPECT/CT studies, including when necessary, additional planar spot images, is reviewed and signed. The imaging results may be discussed with the referring physician and if necessary, with the patient. Additional imaging studies (including, but not limited to additional radiographs, CT, MRI or even additional Nuclear Medicine procedures), are recommended as necessary, after discussion with the referring physician. Required regulatory (NRC/state) review and oversight is provided throughout the procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)					
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)					
CPT Code:	78832					
Sample Size:	4801	**Resp N:**	72	**Response:** 1.4 %		
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	50.00	250.00
Survey RVW:	1.27	1.97	**2.23**	2.56	3.75
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	15.00	**35.00**	45.00	60.00

Immediate Post Service-Time:	**26.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	78832	**Recommended Physician Work RVU: 2.23**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**0.00**	**10.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**0.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78814	XXX	2.20	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78815	XXX	2.44	**RUC Time**

CPT Descriptor Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99233	XXX	2.00	**RUC Time**	23,080,571

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72158	XXX	2.29	**RUC Time**	255,396

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 29.1 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 19.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 78832	**Top Key Reference CPT Code:** 78814	**2nd Key Reference CPT Code:** **78815**
Median Pre-Service Time	10.00	15.00	15.00
Median Intra-Service Time	35.00	30.00	35.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**60.00**	**65.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	90%	5%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	90%	10%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 78830, 78831, 78832, 78835, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78800	Rp L.T.I.D. w/flow when performed, planar single area, single day imaging	One (1) body area imaging with Planar Technology	
78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	Injection, two hour delay and first set of imaging with Planar Technology, either two areas, or second day of imaging	Second set of Imaging can be of one area or more, imaging with Planar Technology and comparison of the two days
78802	Rp L.T.I.D. w/flow when performed, wholebody	One day of whole body imaging, includes any spot, localized planar imaging	
78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	Review of wholebody, same as 78802.	review of (2nd) whole body plus comparison of day 1 to day 2 imaging along with any additional spot planar imaging
78803	Rp L.T.I.D. w/flow when performed, Single SPECT, includes any planar imaging done along with the SPECT	SPECT imaging, includes any planar imaging on same day	
78830	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
78831	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	
78832	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, or two physician work components in the code would logically lend itself to a hierarchy where codes with two components or a higher level of technology, require more physician time and work than codes with one component or the lowest level of technology as there are less data to review and compare.

Compelling Evidence

***Change in technology*:** As noted above, SPECT and SPECT-CT imaging has evolved in the past decades. That is a significant reason for the new, revised and generic family of codes before you. There have been changes in

radiotracers, instrumentation, computer processing, and software. These changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for analysis and review by the physician or QHP.

Changes in patient: With the deletion of several existing codes, the revised new codes will have shifts in the type of patients we will see for the revised codes. The survey indicated that we had indeed selected the new appropriate typical patients for each of the new or revised codes developed by our experts.

Survey Tool modified and approved by research
Similar to the PET and PET-CT survey, this 9 code survey was modified to accommodate the large number of codes; specifically moving the time questions closer to the RVW questions, showing the family together so that participants could see the code structure together as they valued time and RVW questions, this allowed them to see their answers, without having to go back and forth within the survey tool which is often a complaint we have for larger code surveys. This modified survey tool was approved by research and a copy is in the materials.

Time discussion:
The joint society expert panel reviewed all the times for all the codes in the survey. In general, our experts believe that the survey respondents recognized the time required to perform the Intra-service well. The pre service time in general is higher than many of our other organ specific nuclear medicine code pre times. We believe that for tumor and infection nuclear medicine imaging there generally is more pre-time due to these patients having more extensive medical documentation to review prior to the radiotracer selection and protocol approval to order or prepare the tracer. There are more options for radiotracers today with varying protocols (e.g. single area, multi area, one day, multiple day and multiple tracer) and there are more decisions to select the right combination for that particular patients' history. In general, for the pre times the experts selected the median time, capping the pre time to 15 minutes, as our expert did not agree with pre times for these nuclear medicine studies in excess of 15 minutes. We had a similar discussion regarding the post time. Again, the experts agreed that these tumor and infection nuclear medicine imaging studies generally have more post time then other organ or area specific nuclear medicine codes. In general, for the pre times the experts selected the median time, capping the post time to 15 or 20 minutes, as our expert did not agree with some of the post times and modified accordingly based on the complexity and the elements for the varying services.

78832
78832 is a new code to describe 2 or more days or 2 or more area SPECT-CT radiotracer imaging. Of note, any planar imaging would also be included in this code as are other SPECT nuclear medicine services. Survey respondents estimated this multiple study to take 30 minutes preservice, 35 minutes intraservice, and 26 minutes postservice. The median performance rate for this code was 30 services per year indicating that the survey respondents had experience with this procedure.

21 respondents (29%) selected code 78814 for PET-CT limited area as the KRS. Respondents generally indicated 78832 to be somewhat more intense/complex in comparison to the KRS. 14 respondents (19%) selected 78815 for PET-CT torso as the second KRS. Most respondents indicated 78832 to be more intense/complex in comparison to the KRS.

We recommend the survey median work RVU of 2.23 to maintain rank relativity of these services with modified median survey times of 15 minutes preservice, 35 minutes intraservice, and 20 minutes postservice for 78832. This recommendation falls between MPC code 99233 that has less time and lower RVUs, and MPC code 72158 that has less intraservice time and is within a similar RVW range.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New service could be any one of the 78X99 codes

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Independent Diagnostic Testing Facilities How often? Sometimes

Specialty Nuclear Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 22500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Expert panel plus review of current volumes of the existing codes and multiplied by 3 as we typically do for nuclear medicine studies.

Specialty DR Frequency 11250 Percentage 50.00 %

Specialty IDTF Frequency 6750 Percentage 30.00 %

Specialty NM Frequency 4500 Percentage 20.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. xpert panel plus review of current volumes of the existing codes.

Specialty DR Frequency 3750 Percentage 50.00 %

Specialty IDTF Frequency 2250 Percentage 30.00 %

Specialty NM Frequency 1500 Percentage 20.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78803

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:78835 Tracking Number U9 Original Specialty Recommended RVU: **0.77**
Presented Recommended RVU: **0.77**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.51**

CPT Descriptor: Radiopharmaceutical quantification measurement(s) single area

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-male with metastatic prostate cancer to the bones on staging/restaging bone scanning is considered for undergoing immunotherapy and other high cost therapies. Bone SPECT/CT quantification is requested to determine the extent of therapeutic response rate in the metastatic lesions, to determine whether to stop, continue or change therapeutic intervention. Note: This is an add-on service. Only consider the additional work related to quantitation.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: NONE

Description of Intra-Service Work: SPECT/CT imaging acquired by the nuclear medicine technologist in a manner that will also allow quantitation (for example, images are acquired in 3D and list mode). The data is then re-binned to allow quantitation and the data set is exported to a dedicated computer/software program. In addition to the usual SPECT/CT imaging processing, the technologist also then processes the re-binned data for quantitation using a separate software program. The technologist imports the data into a computerized quality control software program for analysis of data quality. The processed data set and quality control information is transferred to the interpreting physician. The physician then reviews the quality control for quantitation (for example, the bolus duration, peak, and plateau waveforms) and, if quality is acceptable, reviews the numeric. The quantitation data is then integrated with the SPECT/CT image data, attenuation maps, clinical data, and an overall report is generated for the medical record.

Description of Post-Service Work: NONE

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Gary Dillehay, MD (SNMMI), Scott Bartley, MD (ACNM), Kurt Schoppe, MD (ACR), Daniel Wessell, MD (ACR)				
Specialty Society(ies):	Society of Nuclear Medicine and Molecular Imaging (SNMMI), American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)				
CPT Code:	78835				
Sample Size:	4801	**Resp N:**	39	**Response:** 0.8 %	
Description of Sample:	Total surveys sent to 4801 members. The SNMMI and ACNM surveyed a total of 2551 random members. The ACR surveyed a total of 2250 members (a random sample of 1125 membership and a separate random sample of 1125 members who perform nuclear medicine, PET, and SPECT procedures).				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**20.00**	55.00	250.00
Survey RVW:	0.15	0.51	**0.77**	0.95	1.70
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**17.00**	20.00	38.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	78835	**Recommended Physician Work RVU: 0.51**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**17.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
78496	ZZZ	0.50	**RUC Time**

CPT Descriptor Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51797	ZZZ	0.80	**RUC Time**

CPT Descriptor Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	121,930

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 71.7 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 12.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 78835	**Top Key Reference CPT Code:** 78496	**2nd Key Reference CPT Code:** **51797**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	17.00	0.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**0.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	21%	43%	29%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	4%	18%	79%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	25%	64%

Physical effort required	0%	46%	54%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	32%	61%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	20%	80%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	40%	60%
Physical effort required	0%	60%	40%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	20%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2018 CPT panel meeting the Society of Nuclear Medicine and Molecular Imaging (SNMMI) coding committee stated that they had identified a current gap in coding for several types of SPECT/CT studies. Per the applicant: "Rather than tackle these services one by one [by organ system, or body area], we reviewed the resources of

the major sets of imaging and while different from parathyroid imaging, we believe that imaging Bone, Liver, etc. are similar enough in resources to create one more generic family to be used by many and modeled after the current tumor and radiopharmaceutical distribution codes." Therefore, the SNMMI along with the ACNM and ACR presented a new generic code set that would revise five codes 78800, 78801, 78802, 78803, 78804, add four new codes 78830, 78831, 78832, 78835, and delete nine codes 78205, 78206, 78320, 78607, 78647, 78710, 78805, 78806, 78807 to better differentiate between planar radiopharmaceutical localization procedures and SPECT, SPECT-CT and multiple area or multiple day radiopharmaceutical localization/distribution procedures.

Similar to PET-CT, there have been changes in SPECT and SPECT-CT instrumentation, computer processing, and software since the early 2010's that allow extraction of greater clinically valuable information regarding tumor, infection, inflammation, and distribution of a variety of radiotracers. Some of these changes have enhanced the acquisition, processing, quality control, and interpretation while also adding new variables for acquisition protocols, analysis and a shift in the typical patients.

These components are presented below to understand the logic and components of each service.
L = Localization, T = Tumor, I = Infection/Inflammation, D = Distribution

Code	Short Description	Component 1	Component 2
78830	Rp L.T.I.D. w/flow when performed, Single SPECT-CT, includes any planar imaging done along with the SPECT	SPECT Imaging, includes any planar imaging on same day	CT imaging for combine fusion review
78832	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

Of importance for 78835, the service can only be reported conjunction with 78830 or 78832 as these are the SPECT-CT codes and the quantitation cannot be reported with the SPECT alone codes.

+78835

78835 is a new add on code to be reported only with the SPECT-CT new codes 78830 or 78832 and describes quantification of one area. Survey respondents estimated 17 minutes intraservice time. The median performance rate for this code was 20 services per year indicating that the survey respondents had experience with this procedure.

28 respondents (72%) selected code 78496 GBP single study RVEF by first pass as the KRS. Respondents generally indicated 78835 to be somewhat more intense/complex in comparison to the KRS. 5 respondents (13%) selected 51797 for voiding pressure studies as the second KRS. Most respondents indicated 78832 to be similar or more intense/complex in comparison to the KRS.

We recommend the survey median work RVU of 0.77 to maintain rank relativity of these services with the median survey time of 17 minutes intraservice for 78835. This recommendation compares favorably with MPC code 51797 which is also the 2nd KRS selected.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New Service any of the 78X99 codes.

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Rarely

Specialty Nuclear Medicine How often? Sometimes

Specialty IDTF How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 10395
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 20% of the two codes that it may be reported with 78830 or 78832.

Specialty DR Frequency 6750 Percentage 64.93 %

Specialty NM Frequency 4050 Percentage 38.96 %

Specialty IDTF Frequency 2700 Percentage 25.97 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 20% of the two codes that it may be reported with 78830 or 78832.

Specialty DR Frequency 2250 Percentage 50.00 %

Specialty NM Frequency 1350 Percentage 30.00 %

Specialty IDTF Frequency 900 Percentage 20.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Imaging/procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78803

Tab 14 January 2019
SPECT AND SPECT-CT

ISSUE: SPECT and SPECT-CT January 2019

TAB: 14

Vol existing Percentage	Source	CPT	DESC	VOL Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	12 Month Svy Experience MIN	25th	MED	75th	MAX	% Resp w/ experience
36%	1st REF	78300	Bone and/or joint imaging; limited area	28	0.040			0.62			20	5					10			5						
21%	2nd REF	78305	Bone and/or joint imaging; multiple areas	16	0.061			0.83			20	5					10			5						
Harvard	REVISED	78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar single area (eg, head, neck, chest or pelvis), single day of imaging	3768	0.02			0.66			28						28									
Harvard	Deleted	78805	Radiopharmaceutical localization of inflammatory process; limited area	6737	0.03			0.73			25						25									
93%	JAN-SVY	78800	Rp L.T.I.D. w/flow when performed, planar sgl area, sgl day imaging	77	0.047	0.27	0.70	0.85	1.20	2.54	27	7			0	5	10	15	60	10	0	18	35	100	1206	99%
U1	REC-U1	78800	Rp L.T.I.D. w/flow when performed, planar sgl area, sgl day imaging		0.032			0.70			27	7					10			10						
	MPC	76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation		0.038			0.56			18	4					10			4						
	MPC	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report		0.031			0.75			26	2					20			4						

	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	12 Month Svy Experience MIN	25th	MED	75th	MAX	% Resp w/ experience
43%	1st REF	78305	Bone and/or joint imaging; multiple areas	33	0.061			0.83			20	5					10			5						
12%	2nd REF	78306	Bone and/or joint imaging; whole body	9	0.064			0.86			20	5					10			5						
Harvard	REVISED	78801	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days of imaging or single area imaging over 2 or more days	710	0.025			0.79			32						32									
92%	JAN-SVY	78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging	77	0.065	0.40	0.86	1.10	1.40	2.54	30	10			0	5	10	14	60	10	0	10	25	50	600	99%
U2	REC U2	78801	Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging		0.034			0.79			30	10					10			10						
	MPC	93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report		0.031			0.75			26	2					20			4						
	MPC	76700	Ultrasound, abdominal, real time with image documentation; complete		0.053			0.81			21	5					11			5						

	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	12 Month Svy Experience MIN	25th	MED	75th	MAX	% Resp w/ experience
70%	1st REF	78306	Bone and/or joint imaging; whole body	56	0.064			0.86			20	5					10			5						
5%	2nd REF	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	4	0.061			1.07			27	5					12			10						
RUC 2003	REVISED	78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar whole body, single day of imaging	4074	0.02			0.86			40	12.5					17.5			10						
Harvard	Deleted with new structure	78806	Radiopharmaceutical localization of inflammatory process; whole body	10773	0.04			0.86			23						23.0									
95%	JAN-SVY	78802	Rp L.T.I.D. w/flow when performed, wholebody	80	0.044	0.80	0.89	1.00	1.22	2.54	35	10			0	5	10	15	16	15	0	18	40	100	1200	99%
U3	REC U3	78802	Rp L.T.I.D. w/flow when performed, wholebody		0.041			0.86			30	10					10			10						
	MPC	76700	Ultrasound, abdominal, real time with image documentation; complete		0.053			0.81			21	5					11			5						
	MPC	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded		0.056			0.93			19	2					15			2						

L = Localization
T = Tumor
I = Infection
D = Distribution

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	AP	AQ	AR	AS	AT	AU
47							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience					
48		Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience
49	30%	1st REF	78306	Bone and/or joint imaging; whole body	24	0.064			0.86			20	5					10			5						
50	15%	2nd REF	78582	Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging	12	0.061			1.07			27	5					12			10						
51	RUC 2003	REVISED	78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar, whole body, requiring 2 or more days of imaging	3648	0.00			1.07			70	30					20			20						
52	96%		78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days	79	0.003	0.83	1.10	1.20	1.80	2.60		15			2	10	15	25	75	20	0	10	25	50	400	99%
53	U%	REC U%	78804	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days		0.034			1.07			40	10					15			15						
54		MPC	99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded		0.056			0.93			19	2					15			2						
55		MPC	70460	Computed tomography, head or brain; with contrast material(s)		0.070			1.13			23	5					13			5						
56																											
57							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience					
58		Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience
59	45%	1st REF	78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	34	0.065			1.20			25	5					15			5						
60	16%	2nd REF	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	12	0.069			1.60			30	5					20			5						
61	Harvard	REVISED	78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), single area (eg, head, neck, chest or pelvis), single day of imaging	9,573	0.03			1.09			43						43									
62	Harvard	Deleted with new family	78205	Liver imaging (SPECT);	4,854	0.04			0.71			20						20									
63	Harvard		78206	Liver imaging (SPECT); with vascular flow	327	0.04			0.96			25						25									
64	RUC		78320	Bone and/or joint imaging; tomographic (SPECT)	23,769	0.04			1.04			24						24									
65	Harvard		78607	Brain imaging, tomographic (SPECT)	14,614	0.04			1.23			29						29									
66	Harvard		78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic	51	0.03			0.90			29						29									
67	CMS		78710	Kidney imaging morphology; tomographic (SPECT)	52	0.03			0.66			21						21									
68	79%	JAN-SVY	78803	Rp L.T.I.D. w/flow when performed, Single SPECT	76	0.015	0.85	1.20	1.30	1.60	2.40	65	17			5	15	22	35	130	26	0	13	30	85	800	96%
69	U4	REC U4	78803	Rp L.T.I.D. w/flow when performed, Single SPECT		0.034			1.20			42	10					22			10						
70		MPC	70460	Computed tomography, head or brain; with contrast material(s)		0.070			1.13			23	5					13			5						
71		MPC	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections		0.070			1.27			25	5					15			5						
72																											
73							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience					
74		Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience
75	45%	1st REF	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	35	0.069			1.60			30	5					20			5						
76	19%	2nd REF	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	15	0.051			2.20			60	15					30			15						
77	NEW	NEW	78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest or pelvis), single day of imaging	NEW	n/a						0														
78	96%	JAN-SVY	78830	Rp L.T.I.D. w/flow when performed, Single SPECT-CT	78	0.018	1.17	1.60	1.68	2.19	3.10	80	30			1	10	25	34	55	25	0	12	30	100	800	94%
79	U6	REC U6	78830	Rp L.T.I.D. w/flow when performed, Single SPECT-CT		0.046			1.60			45	10					25			10						
80		MPC	70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections		0.070			1.27			25	5					15			5						
81		MPC	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization		0.069			1.60			30	5					20			5						

L = Localization
T = Tumor
I = Infection
D = Distribution

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	AP	AQ	AR	AS	AT	AU
82																											
83							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience					
84		Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience
85	18%	1st REF	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	13	0.049			1.93			50	10					30			10						
86	18%	2nd REF	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	13	0.051			2.20			60	15					30			15						
87		NEW	78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days	NEW	n/a						0														
88	99%	JAN-SVY	78831	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days	73	0.023	1.00	1.62	1.93	2.50	105.00	86	30			1	12	30	35	50	26	0	10	30	50	250	92%
89	U7	REC U7	78831	Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days		0.046			1.93			55	10					30			15						
90		MPC	78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization		0.069			1.60			30	5					20			5						
91		MPC	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed		0.048			2.00			55	10					30			15						
92																											
93							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience					
94		Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience
95	29%	1st REF	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	21	0.051			2.20			60	15					30			15						
96	19%	2nd REF	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	14	0.051			2.44			65	15					35			15						
97		NEW	78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days imaging	NEW	n/a						0														
98	94%	JAN-SVY	78832	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or mult	72	0.028	1.27	1.97	2.23	2.56	3.75	91	30			2	15	35	45	60	26	0	10	30	50	250	94%
99	U8	REC U8	78832	Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days		0.048			2.23			60	10					35			15						
100		MPC	99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed		0.048			2.00			55	10					30			15						
101		MPC	72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar		0.083			2.29			35	5					25			5						
102																											
103							RVW					Total	PRE-TIME			INTRA-TIME					IMMD	12 Month Svy Experience					
104		Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	% Resp w/ experience
105	72%	1st REF	78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)	28	0.026			0.50			19						19									
106	13%	2nd REF	51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	5	0.053			0.80			15						15									
107		NEW		New	NEW	New			0.00			0						0									
108	94%	JAN-SVY	78835 add on	Radiopharmaceutical quantification measurement(s) single area	39	0.045	0.15	0.51	0.77	0.95	1.70	17				3	15	17	20	38		0	8	20	55	250	95%
109	U9	REC U9	78835 add on	Radiopharmaceutical quantification measurement(s) single area		0.030			0.51			17						17									
110		MPC	51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)		0.000			0.80			15						15									
111																											

L = Localization
T = Tumor
I = Infection
D = Distribution

CPT Codes 78800, 78801, 78802, 78803, 78804, 78830, 78831, 78832

Specialty Societies Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), and the American College of Radiology (ACR)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: January 2019

CPT code	CPT Long Descriptor	Global Period
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s), (includes vascular flow and blood pool imaging when performed); planar single area (eg, head, neck, chest or pelvis), single day of imaging	**XXX**
78801	planar 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days of imaging or single area imaging over 2 or more days	**XXX**
78802	planar whole body, single day of imaging	**XXX**
78804	planar, whole body, requiring 2 or more days of imaging	**XXX**
78803	tomographic (SPECT), single area (eg, head, neck, chest or pelvis), single day of imaging	**XXX**
78830	tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest or pelvis), single day of imaging	**XXX**
78831	tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days	**XXX**
78832	tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day of imaging, or single area of imaging over 2 or more days imaging	**XXX**

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: A joint society consensus with members from the following societies participating including; Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM), and the American College of Radiology (ACR), participated in joint calls and email discussions to provide this consensus opinion. The society members included, physicians, advisors and technologist members of the societies.

1. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: Existing codes 78800, 78801, 78802, 78804, 78803 are listed as current inputs. Additionally, as references we have listed recently reviewed CPT 78305, 78071, 78072 and 78496 were used respectively, as the reference for the varying codes in the surveys.

2. Is this code(s) typically billed with an E/M service? **N/A**
3. Is this code(s) typically billed with the E/M service in the nonfacility? **N/A**
   (Please see provided data in PE Subcommittee folder) **Not typically billed with an E/M**

4. What specialty is the dominant provider in the nonfacility? **Diagnostic Radiology and/or Nuclear Medicine**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   DR 85% for 78800 **NM 2%**
   DR 80% for 78801 **NM 17%**

DR 81% for 78802 **NM 18%**
DR 68% For 78804 **NM 27%**
DR 57% for 78803 **NM 24%**

Is the dominant provider in the nonfacility different then for the global? **No**
(Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CMS Row	Description	NM Standards	Comments
CA007 Line 21	two minutes are standard for nuclear medicine, one additional minute for nuclear medicine services in general, as patients are placed on equipment in several positions for imaging. Equipment is moving around them and will come in very close but not touch, them, nor should they touch the equipment, or it will stop ad would need to be restarted, this can be startling for patients.	2	See reference codes for recent reviewed codes
CA008 Line 22	NRC/State requirements for verification of Planar Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	4	Varying totals, 17 or 21 for line 22 depending if planar or SPECT over one or two days
CA008 Line 22	NRC/State requirements for verification of SPECT, SPECT/CT Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	7	
CA008	NRC/State requirements for verification of PET, PET/CT Equipment to be used in imaging *(Conducted time studies originally PE 2004, updated in 2014)*	**8**	
CA008 Line 22	Prepare radiopharmaceutical (s) delivered by central pharmacy with NRC and DOT required check-in of RP, survey package, wipe test of package and all recordings for required documentation by federal or state regulators. Verify ordered dosages with received dosages and store for use with patient. *(Conducted time studies originally PE 2004, updated in 2014)*	**13**	
CA024 Line 60	The standard is 3 minutes, however for two separate scan times requiring the patient to return we have added 3 minutes for a total of 6 minutes to account for either an injection done with no imaging on day of injection with a separate day return and/or patient returning on separate days for separate imaging sessions. There are no efficiencies gained to clean a room in-between patients. The patient leaves for minimum 60 minutes and in some cases days in between studies. There are three separate areas to clean, the injection room for Rp administrations, and the two scan times for the imaging when these occur.	**6 or 9**	for 7and 78802, 78802, 78804, 78831, 78832
CA030 Line 65	Technologist for PACSs, the standard is 2 minutes each code depending on if there is one set of imaging, two sets of imaging with or with out CT will require more time of the technologist therefore times are added at 3 minutes, 4 minutes and 5 minutes and up to 8 minutes respectively as shown on the excel.	**2-8 minutes**	Depends on the number of images, number of days and types, CT or no CT.
CA033 Line 68	The standard is 0 minutes, however for radioactive materials there are federally mandated post procedure requirements to follow standard for one study is 3 minutes, where two complete studies are performed at different times or on different days we added one or more minutes respectively.	**3, 4, 6**	

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to

physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **See above table.**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Pre-Service Clinical Labor Activities:

- Review x-ray, lab and past test to confirm appropriateness with physician, confirm technique / protocol to be used, obtain physician written directive, determine radiopharmaceutical dose, and order radiopharmaceutical(s) from central/commercial nuclear pharmacy.
- Verification of Planar, SPECT and SPECT-CT Equipment with documentation, following NRC/State requirements mandated prior to use of equipment.
- Prepare radiopharmaceutical (prepare and QC dose(s)) delivered by central/commercial nuclear pharmacy with NRC required check-in of RP, survey, package, wipe test of syringe, and recording all regulatory required documentation.. Ready dose for potential injection with in-house labels and records. Store radiopharmaceutical(s) and generators, in Hot Lab which is leaded protective shielding.

Intra-Service Clinical Labor Activities:

- Greet patient, (at times multiple times per day or on second day) ensure appropriate medical records are available
- Provide pre-service education/obtain consent including mandatory radiation education
- Prepare room, equipment, supplies (set up protocol) may occur on multiple days see chart.
- Prepare and position patient/ monitor patient, take care as camera is moving around patient.
- Obtain RP from RP storage/preparation area, prepare meal(s), recheck dose, record, resay, and ensure dose would be appropriate (following protocols) based on the written directive (correct test and patient weight)
- Acquire images and discuss imaging views with physician for potential additional instructions regarding the protocol or additional views as requested.
- Complete diagnostic forms, lab & X-ray requisitions, image processing, development hard copy or complete labeling of electronic view, archive and obtain approval to discharge patient

Post-Service Clinical Labor Activities:

- Clean room/equipment by physician staff (can occur multiple times per day, plus on different days)
- Specific room clean-up of RP injection/administration areas with mandatory defacement of labels for proper RP residual disposal (same note above occurring multiple days)
- Regulatory compliance - NRC required wipe tests and survey areas used including regulatory documentation. (Occurring on multiple days per the varying codes.)

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

The cost of SPECT vs SPECT-CT in the new data base does not make sense. The cost of SPECT is currently more than SPECT-CT. We are not aware of SPECT-CT equipment at such a low cost and will be sending CMS some sample invoices prior to February deadline.

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    We have used the standard CMS formulas for equipment calculations, however for the record only. Some equipment ARE used during the pre-time, yet we are not allowed to include any of that time in our equipment calculations which makes no sense to us. We are performing QC ON THE equipment therefore we wish to continue to go on record that we believe those times should be included. However, following the rules, we have not added those times in our calculations.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

The below are based on the patient typical vignettes.
These components are presented below to understand the logic for supplies or cleaning of rooms

Code	Short Description	Component 1	Component 2	Component 3
78800	Typical 1 day imaging Inj on separate day	Injection performed on different day from Imaging	Planar Imaging on different day from injection	
78801	Typical 2 Day imaging Inj 2 hr and 24 hr separate day	Injection, two hour delay and first set of imaging	Second set of Imaging on day two	
78802	Typical 1 Day Inj on separate day	Injection performed on different day from Imaging	Planar Imaging on different day from injection	
78804	Typical 2 Days	Injection, and first set of imaging on day 1	Just imaging on day two of imaging	
78803	Typical 1 Day	SPECT imaging		
78830	Typical 1 Day	SPECT Imaging	CT imaging for combine fusion review	
78831	Typical 1 Day	SPECT Imaging x two separate regions or areas and on same day		
78832	Typical 2 Days plus Inj on separate day	Injection performed on different day from Imaging	SPECT Imaging x two separate regions or areas and on same day	CT imaging X2 for combine fusion review

This structure with one, two, or three components in each code would logically lend itself to a hierarchy where codes with three components require more technologist time, supplies and equipment than codes with two components, which require more time, and supplies, than codes with one component.

17. Please include an explanation of each line item:

CPT Codes 78835

Specialty Societies Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR)

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: January 2019

CPT code	CPT Long Descriptor	Global Period
78835	Radiopharmaceutical quantification measurement(s) single area (Use 78835 in conjunction with 788X0, 788X2) (Report multiple units of 78835 if quantitation is more than 1 area or more than 1 day imaging)	**ZZZ**

Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: A joint society consensus with members from the following societies participating including; Society of Nuclear Medicine and Molecular Imaging (SNMMI), the American College of Nuclear Medicine (ACNM) and the American College of Radiology (ACR), participated in joint calls and email discussions to provide this consensus opinion. The society members included, physicians, advisors and technologist members of the societies.

1. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: We chose another nuclear medicine add on code CPT 78496 as a reference to 78835.

2. Is this code(s) typically billed with an E/M service? **N/A**
3. Is this code(s) typically billed with the E/M service in the nonfacility? **N/A**
   (Please see provided data in PE Subcommittee folder) **Not typically billed with an E/M**

4. What specialty is the dominant provider in the nonfacility? **Diagnostic Radiology and Nuclear Medicine**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   60% for Diagnostic Radiology
   30% for Nuclear Medicine
   Is the dominant provider in the nonfacility different then for the global? **Yes**
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

CMS Row	Description	NM Standards	Comments
CA030 Line	Technologist for PACSs, the standard is 2 minutes each code, we would need an additional 2 minutes for the technologist to perform the PACs for all the additional images and list mode data required for the quantitation study	**2**	

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they

are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **N/A**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **See above table.**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Pre-Service Clinical Labor Activities:
- No Additional Activities

Intra-Service Clinical Labor Activities:
- Acquire images and PACs standards.

Post-Service Clinical Labor Activities:
- No Additional Actives

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

New Item #	Name of Equipment or Supply	Invoice A PENDING	Invoice B Pending	Invoice Pending
NEW Equipment and software for SPECT-CT	Software and hardware package for non-cardiac Quantitation	$ 50,000	$70,000	$45,000.

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

17. Please include an explanation of each line item:

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**78800 & 78805**		**78800 REVISED** Typical 1 day **imaging** Inj on separate day		**78305**		**78801**		**78801 REVISED** Typical 2 Day imaging Inj 2 hr and 24 hr separate day		**78802**		**78802 REVISED** Typical 1 Day Inj on separate day		**78804**	
3		***RUC Collaboration Website***				Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Rp L.T.I.D. w/flow when performed, planar sgl area, sgl day imaging		Bone and/or joint imaging; multiple areas		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Rp L.T.I.D. w/flow when performed, wholebody		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical	
4	**Clinical Activity Code**	**Meeting Date: January 2019 REVISED 1-16-2019 Tab: 14 Tumor, Infection, Localization, WB, SPECT, SPECT-CT Specialty: SNMMI, ACNM, ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 130.54**	**$ -**	**$ 194.81**	**$ -**	**$ 217.24**	**$ -**	**$ 190.48**	**$ -**	**$ 217.62**	**$ -**	**$ 257.80**	**$ -**	**$ 252.08**	**$ -**	**$ 471.54**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**91.0**	**0.0**	**88.0**	**0.0**	**95.0**	**0.0**	**111.0**	**0.0**	**99.0**	**0.0**	**138.0**	**0.0**	**109.0**	**0.0**	**226.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**23.0**	**0.0**	**21.0**	**0.0**	**21.0**	**0.0**	**23.0**	**0.0**	**21.0**	**0.0**	**23.0**	**0.0**	**21.0**	**0.0**	**27.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**68.0**	**0.0**	**67.0**	**0.0**	**74.0**	**0.0**	**88.0**	**0.0**	**78.0**	**0.0**	**115.0**	**0.0**	**88.0**	**0.0**	**199.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 55.97**	**$ -**	**$ 54.12**	**$ -**	**$ 58.43**	**$ -**	**$ 68.27**	**$ -**	**$ 60.89**	**$ -**	**$ 84.87**	**$ -**	**$ 67.04**	**$ -**	**$ 138.99**	**$ -**
13		**PRE-SERVICE PERIOD**																			
14		**Start: Following visit when decision for surgery or procedure made**																			
15	CA001	Complete pre-service diagnostic and referral forms	L049A	Nuclear	0.615																
16	CA002	Coordinate pre-surgery services (including test results)	L049A	Nuclear	0.615																
17	CA003	Schedule space and equipment in facility	L049A	Nuclear	0.615																
18	CA004	Provide pre-service education/obtain consent	L049A	Nuclear	0.615																
19	CA005	Complete pre-procedure phone calls and prescription	L049A	Nuclear	0.615																
20	CA006	Confirm availability of prior images/studies	L049A	Nuclear	0.615	2		2		2		2		2		2		2		2	
21	CA007	Review patient clinical extant information and questionnaire	L049A	Nuclear	0.615	4		2		2		4		2		4		2		4	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L049A	Nuclear	0.615	17		17		17		17		17		17		17		21	
29		**End: When patient enters office/facility for surgery/procedure**																			
30		**SERVICE PERIOD**																			
31		**Start: When patient enters office/facility for surgery/procedure:**																			
32		**Pre-Service (of service period)**																			
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L049A	Nuclear	0.615	3		3		3		3		6		3		6		6	
34	CA010	Obtain vital signs	L049A	Nuclear	0.615																
35	CA011	Provide education/obtain consent	L049A	Nuclear	0.615	3		3		3		3		3		3		3		3	
36	CA012	Review requisition, assess for special needs	L049A	Nuclear	0.615																
37	CA013	Prepare room, equipment and supplies	L049A	Nuclear	0.615	2		2		2		2		4		2		4		4	
38	CA014	Confirm order, protocol exam	L049A	Nuclear	0.615																
39	CA015	Setup scope (nonfacility setting only)	L049A	Nuclear	0.615																
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L049A	Nuclear	0.615	3		3		3		3		3		3		3		5	
41	CA017	Sedate/apply anesthesia	L049A	Nuclear	0.615																
48		**Intra-service (of service period)**																			
49	CA018	Assist physician or other qualified healthcare professional---directly related to	L049A	Nuclear	0.615																
50	CA020	Assist physician or other qualified healthcare professional---directly related to	L049A	Nuclear	0.615																
51	CA021	Perform procedure/service---NOT directly related to physician work time	L049A	Nuclear	0.615	43		43		50		63		45		90		55		154	
58		**Post-Service (of service period)**																			
59	CA022	Monitor patient following procedure/service, multitasking 1:4	L049A	Nuclear	0.615																
60	CA024	Clean room/equipment by clinical staff	L049A	Nuclear	0.615	3		3		3		3		6		3		6		6	
61	CA025	Clean scope	L049A	Nuclear	0.615																
62	CA026	Clean surgical instrument package	L049A	Nuclear	0.615																
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L049A	Nuclear	0.615	2		2		2		2		2		2		2		2	
64	CA028	Review/read post-procedure x-ray, lab and pathology reports	L049A	Nuclear	0.615																
65	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L049A	Nuclear	0.615	3		2		2		3		3		3		3		8	
66	CA031	Review examination with interpreting MD/DO	L049A	Nuclear	0.615	2		2		2		2		2		2		2		4	
67	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate	L049A	Nuclear	0.615	1		1		1		1		1		1		1		1	
68	CA033	Perform regulatory mandated quality assurance activity (service period)	L049A	Nuclear	0.615	3		3		3		3		3		3		3		6	
69	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG	L049A	Nuclear	0.615																
70	CA035	Review home care instructions, coordinate visits/prescriptions	L049A	Nuclear	0.615																
71	CA036	Discharge day management	L049A	Nuclear	0.615	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
78		**End: Patient leaves office**																			
79		**POST-SERVICE PERIOD**																			
80		**Start: Patient leaves office/facility**																			
81	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37																
82	CA038	Coordinate post-procedure services	L049A	Nuclear	0.615																
83		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
89	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
96		**End: with last office visit before end of global period**																			
97	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**																	
98		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 9.06**	**$ -**	**$ 7.01**	**$ -**	**$ 7.01**	**$ -**	**$ 9.04**	**$ -**	**$ 7.27**	**$ -**	**$ 9.04**	**$ -**	**$ 7.01**	**$ -**	**$ 9.24**	**$ -**
99	SA048	pack, minimum multi-specialty visit	2.1122	pack		1		1		1		1		1		1		1		1	
100	SB006	drape, non-sterile, sheet 40in x 60in	0.199	item		1		1		1		1		1		1		1		2	
101	SB044	underpad 2ft x 3ft (Chux)	0.2525	item		1		1		1		1		1		1		1		1	
102	SB022	gloves, non-sterile	0.138	pair						0											
103	SB037	pillow case	0.3478	item						0											
104	SB026	gown, patient	0.547	item																	
105	SC001	angiocatheter 14g-24g	1.7412	item		1		1		1		1		1		1		1		1	
106	SC012	heparin lock	0.8028	item		1				0		1				1				1	
107	SC018	iv infusion set	1.1515	item						0											
108	SC019	iv tubing (extension)	0.6075	foot						0											
109	SC029	needle, 18-27g	0.0767	item				1		1				1				1			
110	SC030	needle, 19-25g, butterfly	0.7335	item						0											
111	SC049	stop cock, 3-way	1.1413	item		1		1		1		1		1		1		1		1	
112	SC051	syringe 10-12ml	0.1905	item		1		1		1		1		1		1		1		1	

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**78800 & 78805**		**78800 REVISED** Typical 1 day **imaging** Inj on separate day		**78305**		**78801**		**78801 REVISED** Typical 2 Day imaging Inj 2 hr and 24 hr separate day		**78802**		**78802 REVISED** Typical 1 Day Inj on separate day		**78804**	
3		***RUC Collaboration Website***				Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Rp L.T.I.D. w/flow when performed, planar sgl area, sgl day imaging		Bone and/or joint imaging; multiple areas		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Rp L.T.I.D. w/flow when performed, planar 2+ area or two day imaging		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Rp L.T.I.D. w/flow when performed, wholebody		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical	
4	**Clinical Activity Code**	**Meeting Date: January 2019 REVISED 1-16-2019 Tab: 14 Tumor, Infection, Localization, WB, SPECT, SPECT-CT Specialty: SNMMI, ACNM, ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**																
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 130.54**	**$ -**	**$ 194.81**	**$ -**	**$ 217.24**	**$ -**	**$ 190.48**	**$ -**	**$ 217.62**	**$ -**	**$ 257.80**	**$ -**	**$ 252.08**	**$ -**	**$ 471.54**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**91.0**	**0.0**	**88.0**	**0.0**	**95.0**	**0.0**	**111.0**	**0.0**	**99.0**	**0.0**	**138.0**	**0.0**	**109.0**	**0.0**	**226.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**23.0**	**0.0**	**21.0**	**0.0**	**21.0**	**0.0**	**23.0**	**0.0**	**21.0**	**0.0**	**23.0**	**0.0**	**21.0**	**0.0**	**27.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**68.0**	**0.0**	**67.0**	**0.0**	**74.0**	**0.0**	**88.0**	**0.0**	**78.0**	**0.0**	**115.0**	**0.0**	**88.0**	**0.0**	**199.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L049A	Nuclear Medicine Technologist	0.615	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
113	SC053	syringe 20ml	0.626	item						0											
114	SC057	syringe 5-6ml	0.145	item						0											
115	SC064	syringe-needle 3ml 22-26g	0.1325	item						0											
116	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.1347	item		1		1		1		1		1		1		1		1	
117	SG022	bandage, tubular, x-large (Surgilast)	1.242	yd																	
118	SG050	gauze, non-sterile 2in x 2in	0.1498	item		1		1		1		1		1		1		1		1	
119	SG079	tape, surgical paper 1in (Micropore)	0.004	inch						0											
120	SH040	heparin lock flush soln	1.3075	item		1						1				1				1	
121	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.73	item		1		1		1		1		1		1		1		1	
122	SJ053	swab-pad, alcohol	0.0198	item		2		1		1		1		1		1		1		1	
123	SJ020	electrode conductive gel	0.0245	ml																	
124	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.052	item		5		5		5		5		10		5		5		5	
125		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*																			
126																					
127	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**																
128		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 65.51**	**$ -**	**$ 133.69**	**$ -**	**$ 151.81**	**$ -**	**$ 113.18**	**$ -**	**$ 149.47**	**$ -**	**$ 163.89**	**$ -**	**$ 178.04**	**$ -**	**$ 323.31**	**$ -**
129	ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)	2178	Other Formula	0.017625181	4		4		4		4		4		4		4		8	
130	ED020	computer workstation, nuclear pharmacy management (hardware and software)	13400	Default	0.05309343	28		**57**		26		28		**67**		27		**77**		27	
131	EF002	bed, hospital, electric	6068.6138	Default	0.01478274	18						18								17	
132	EF009	chair, medical recliner	1185.9175	Default	0.003147101			**57**		11				**67**		17		**77**			
133	ED053	Professional PACS Workstation	14829.6153	PACS	0.058757846	28		**13.5**		18		32		**15**		24		**15**		35	
134	EQ032	IV infusion pump	2398.1115	Default	0.006363932																
135	ER016	collimator, medium energy (set of 2)	14000	Default	0.045186848			**57**								2		**77**		4	
136	ER053	radiation L-block tabletop shield	725	Default	0.001923952	24		**57**		18		24		**67**		23		**77**		23	
137	ER054	radiation survey meter	889.748	Default	0.002657556			**57**						**67**							
138	ER026	dose calibration source vial set (Cs137, Co57, and Ba137)	1159	Default	0.004592185	16		**57**		18		16		**67**		16		**77**		16	
139	ER058	safe, storage, lead-lined	6118.75	Default	0.01361051	24		**0**		18		24		**0**				**0**		23	
140	ER027	dose calibrator (Atomlab)	6368.4762	Default	0.025233152	28		**57**		18		28		**67**		27		**77**		31	
141	ER033	gamma counter, automatic	20892.28	Default	0.067432592	24		**57**		18		24		**67**		23		**77**		23	
142	ED019	computer workstation, nuclear medicine analysis-viewing	55097	Highly Technical	0.208763588	32		**51**		62		52		**58**		72		**68**		144	
143	ER032	gamma camera system, single-dual head	565000	Highly Technical	2.140795819	24		**51**		62		44		**58**		66		**68**		132	
144	ED050	Technologist PACS workstation	5557	Highly Technical	0.022017924	55		64		71		75		75		98		85		174	
145	ER097	gamma camera system, single-dual head SPECT CT	532350.477	Highly Technical	2.017086151			0						0				0			
146	**NEW**	Software and hardware package for tumor and other distribution Quantitation	**40,535.75**	Highly Technical	0.157081186																

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AI	AJ	AK	AL	AO	AP	AQ	AR	AU	AV
1	RUC Practice Expense Spreadsheet		RECOMMENDED		CURRENT		REFERENCE CODE		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**78804 REVISED** Typical 2 Days		**78803**		**78071** ***Dual Rp*** **SPECT**		**78803 SPECT REVISED** Typical 1 Day		**78830 SPECT-CT Typical 1 Day**		**78072** ***Dual Rp*** **SPECT-CT**		**78831 SPECT Typical 1 Day**		**78832 SPECT-CT Typical 2 Days plus Inj on separate day**		**78496** **add on code processing only**		**78835 ADD ON CODE**	
3		***RUC Collaboration Website***	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		Rp L.T.I.D. w/flow when performed, Single SPECT		Rp L.T.I.D. w/flow when performed, Single SPECT-CT		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and		Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days		Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days		Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection		Rp L.T.I.D. w/flow when performed, Single SPECT-CT	
4	**Clinical Activity Code**	**Meeting Date: January 2019 REVISED 1-16-2019 Tab: 14 Tumor, Infection, Localization, WB, SPECT, SPECT-CT Specialty: SNMMI, ACNM, ACR**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 563.13**	**$ -**	**$ 261.79**	**$ -**	**$ 269.65**	**$ -**	**$ 314.83**	**$ -**	**$ 334.82**	**$ -**	**$ 287.87**	**$ -**	**$ 590.55**	**$ -**	**$ 655.42**	**$ -**	**$ 17.28**	**$ -**	**$ 64.43**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**216.0**	**0.0**	**128.0**	**0.0**	**126.0**	**0.0**	**130.0**	**0.0**	**141.0**	**0.0**	**136.0**	**0.0**	**224.0**	**0.0**	**264.0**	**0.0**	**23.0**	**0.0**	**23.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**25.0**	**0.0**	**28.0**	**0.0**	**23.0**	**0.0**	**24.0**	**0.0**	**24.0**	**0.0**	**23.0**	**0.0**	**24.0**	**0.0**	**31.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**191.0**	**0.0**	**100.0**	**0.0**	**103.0**	**0.0**	**106.0**	**0.0**	**117.0**	**0.0**	**113.0**	**0.0**	**200.0**	**0.0**	**233.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**11.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 132.84**	**$ -**	**$ 78.72**	**$ -**	**$ 77.49**	**$ -**	**$ 79.95**	**$ -**	**$ 86.72**	**$ -**	**$ 83.64**	**$ -**	**$ 137.76**	**$ -**	**$ 162.36**	**$ -**	**$ 14.15**	**$ -**	**$ 14.15**	**$ -**
13		**PRE-SERVICE PERIOD**																				
14		**Start: Following visit when decision for surgery or procedure made**																				
15	CA001	Complete pre-service diagnostic and referral forms																				
16	CA002	Coordinate pre-surgery services (including test results)																				
17	CA003	Schedule space and equipment in facility																				
18	CA004	Provide pre-service education/obtain consent																				
19	CA005	Complete pre-procedure phone calls and prescription																				
20	CA006	Confirm availability of prior images/studies	2		2		2		2		2		2		2		2					
21	CA007	Review patient clinical extant information and questionnaire	2		4		1		2		2		1		2		2					
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	21		22		20		20		20		20		20		27					
29		**End: When patient enters office/facility for surgery/procedure**																				
30		**SERVICE PERIOD**																				
31		**Start: When patient enters office/facility for surgery/procedure:**																				
32		**Pre-Service (of service period)**																				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	6		3		3		3		3		3		3		9					
34	CA010	Obtain vital signs																				
35	CA011	Provide education/obtain consent	3		3		3		3		3		3		3		3					
36	CA012	Review requisition, assess for special needs																				
37	CA013	Prepare room, equipment and supplies	4		2		2		2		2		2		4		6					
38	CA014	Confirm order, protocol exam																				
39	CA015	Setup scope (nonfacility setting only)																				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	3		3		3		5		5		3		7		7					
41	CA017	Sedate/apply anesthesia																				
48		**Intra-service (of service period)**																				
49	CA018	Assist physician or other qualified healthcare professional---directly related to																				
50	CA020	Assist physician or other qualified healthcare professional---directly related to																				
51	CA021	Perform procedure/service---NOT directly related to physician work time	150		75		79		79		89		89		158		178		12		20	
58		**Post-Service (of service period)**																				
59	CA022	Monitor patient following procedure/service, multitasking 1:4																				
60	CA024	Clean room/equipment by clinical staff	6		3		3		3		3		3		6		9					
61	CA025	Clean scope																				
62	CA026	Clean surgical instrument package																				
63	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	2		2		2		2		2		2		2		2					
64	CA028	Review/read post-procedure x-ray, lab and pathology reports																				
65	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	6		3		2		3		4		2		6		8				2	
66	CA031	Review examination with interpreting MD/DO	4		2		2		2		2		2		4		4					
67	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate	1		1		1		1		1		1		1		1				1	
68	CA033	Perform regulatory mandated quality assurance activity (service period)	6		3		3		3		3		3		6		6					
69	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG																				
70	CA035	Review home care instructions, coordinate visits/prescriptions																				
71	CA036	Discharge day management	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
78		**End: Patient leaves office**																				
79		**POST-SERVICE PERIOD**																				
80		**Start: Patient leaves office/facility**																				
81	CA037	Conduct patient communications																				
82	CA038	Coordinate post-procedure services																	11		0	
83		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
89	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
96		**End: with last office visit before end of global period**																				
97	**Supply Code**	**MEDICAL SUPPLIES**																				
98		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 7.27**	**$ -**	**$ 12.01**	**$ -**	**$ 11.53**	**$ -**	**$ 7.01**	**$ -**	**$ 7.01**	**$ -**	**$ 11.53**	**$ -**	**$ 7.01**	**$ -**	**$ 7.27**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
99	SA048	pack, minimum multi-specialty visit	1				0		1		1		0		1		1					
100	SB006	drape, non-sterile, sheet 40in x 60in	1		2		0		1		1		0		1		1					
101	SB044	underpad 2ft x 3ft (Chux)	1		1		2		1		1		2		1		1					
102	SB022	gloves, non-sterile			1		2						2									
103	SB037	pillow case					2						2									
104	SB026	gown, patient			1																	
105	SC001	angiocatheter 14g-24g	1		1		1		1		1		1		1		1					
106	SC012	heparin lock					1						1									
107	SC018	iv infusion set			2		1						1									
108	SC019	iv tubing (extension)			1		1						1									
109	SC029	needle, 18-27g	1		3		2		1		1		2		1		1					
110	SC030	needle, 19-25g, butterfly			1		1						1									
111	SC049	stop cock, 3-way	1		1		1		1		1		1		1		1					
112	SC051	syringe 10-12ml	1				2		1		1		2		1		1					

	A	B	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AI	AJ	AK	AL	AO	AP	AQ	AR	AU	AV
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**78804 REVISED** Typical 2 Days		**78803**		**78071** ***Dual Rp*** **SPECT**		**78803 SPECT REVISED** Typical 1 Day		**78830 SPECT-CT Typical 1 Day**		**78072** ***Dual Rp*** **SPECT-CT**		**78831 SPECT Typical 1 Day**		**78832 SPECT-CT Typical 2 Days plus Inj on separate day**		**78496** **add on code processing only**		**78835 ADD ON CODE**	
3		***RUC Collaboration Website***	Rp L.T.I.D. w/flow when performed, wholebody 2 or more days		Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)		Rp L.T.I.D. w/flow when performed, Single SPECT		Rp L.T.I.D. w/flow when performed, Single SPECT-CT		Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and		Rp L.T.I.D. w/flow when performed, 2 or more SPECT single or multiple days		Rp L.T.I.D. w/flow when performed, 2 or more SPECT-CT single or multiple days		Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection		Rp L.T.I.D. w/flow when performed, Single SPECT-CT	
4	**Clinical Activity Code**	**Meeting Date: January 2019 REVISED 1-16-2019 Tab: 14 Tumor, Infection, Localization, WB, SPECT, SPECT-CT Specialty: SNMMI, ACNM, ACR**																				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 563.13**	**$ -**	**$ 261.79**	**$ -**	**$ 269.65**	**$ -**	**$ 314.83**	**$ -**	**$ 334.82**	**$ -**	**$ 287.87**	**$ -**	**$ 590.55**	**$ -**	**$ 655.42**	**$ -**	**$ 17.28**	**$ -**	**$ 64.43**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**216.0**	**0.0**	**128.0**	**0.0**	**126.0**	**0.0**	**130.0**	**0.0**	**141.0**	**0.0**	**136.0**	**0.0**	**224.0**	**0.0**	**264.0**	**0.0**	**23.0**	**0.0**	**23.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**25.0**	**0.0**	**28.0**	**0.0**	**23.0**	**0.0**	**24.0**	**0.0**	**24.0**	**0.0**	**23.0**	**0.0**	**24.0**	**0.0**	**31.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**191.0**	**0.0**	**100.0**	**0.0**	**103.0**	**0.0**	**106.0**	**0.0**	**117.0**	**0.0**	**113.0**	**0.0**	**200.0**	**0.0**	**233.0**	**0.0**	**12.0**	**0.0**	**23.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**11.0**	**0.0**	**0.0**	**0.0**
113	SC053	syringe 20ml			1		1						1									
114	SC057	syringe 5-6ml			1		1						1									
115	SC064	syringe-needle 3ml 22-26g			1		1						1									
116	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		2		1		1		1		1		1		1					
117	SG022	bandage, tubular, x-large (Surgilast)			2																	
118	SG050	gauze, non-sterile 2in x 2in	1				2		1		1		2		1		1					
119	SG079	tape, surgical paper 1in (Micropore)			24		2						2									
120	SH040	heparin lock flush soln																				
121	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	1				2		1		1		2		1		1					
122	SJ053	swab-pad, alcohol	1		2		1		1		1		1		1		1					
123	SJ020	electrode conductive gel			5																	
124	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	10				10		5		5		10		5		10					
125		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*																				
126																						
127	**Equipment Code**	**EQUIPMENT**																				
128		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 423.02**	**$ -**	**$ 171.07**	**$ -**	**$ 180.62**	**$ -**	**$ 227.88**	**$ -**	**$ 241.10**	**$ -**	**$ 192.70**	**$ -**	**$ 445.78**	**$ -**	**$ 485.80**	**$ -**	**$ 3.13**	**$ -**	**$ 50.29**	**$ -**
129	ER001	Cobalt-57 Flood Source (47cm dia) (10 mCi)	8		4		7		0		0		7		0		0				0	
130	ED020	computer workstation, nuclear pharmacy management (hardware and software)	**172**		24		5		**95**		**105**		26		**181**		**212**				**20**	
131	EF002	bed, hospital, electric																				
132	EF009	chair, medical recliner	**172**				0		**95**		**105**				**181**		**212**				**20**	
133	ED053	Professional PACS Workstation	**22.5**		43		13		**29.5**		**32.5**		23		**37.5**		**42.5**				**17**	
134	EQ032	IV infusion pump																				
135	ER016	collimator, medium energy (set of 2)	**172**														4					
136	ER053	radiation L-block tabletop shield	**172**		21		28		**95**		**105**		28		**181**		**212**					
137	ER054	radiation survey meter																				
138	ER026	dose calibration source vial set (Cs137, Co57, and Ba137)	**172**		16		28		**95**		**105**		28		**181**		**212**					
139	ER058	safe, storage, lead-lined	**0**		21		28		**0**		**0**		28		**0**		**0**					
140	ER027	dose calibrator (Atomlab)	**172**		25		28		**95**		**105**		28		**181**		**212**					
141	ER033	gamma counter, automatic	**172**		21		22		**95**		**105**		22		**181**		**212**					
142	ED019	computer workstation, nuclear medicine analysis-viewing	**163**		72		5		**89**		**99**		**5**		**175**		**200**		15		**20**	
143	ER032	gamma camera system, single-dual head	**163**		69		81		**89**		0		0		**175**		0				0	
144	ED050	Technologist PACS workstation	185		91		103		103		114		113		194		227				23	
145	ER097	gamma camera system, single-dual head SPECT CT	0								**99**		91				**200**				**20**	
146	**NEW**	Software and hardware package for tumor and other distribution Quantitation																			**20**	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Negative IWPUT

January 2019

Biofeedback Training – Tab 15

The RUC identified services with a negative IWPUT and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. CPT code 90911 was identified by this screen for review. At the April 2018 meeting, the specialty societies requested for the RUC to support their decision to refer this service to the CPT Editorial Panel for revision. The specialty societies noted that CPT code 90911 was initially created in 1993 for fecal incontinence. Since then, biofeedback for pelvic floor weakness has evolved and patients require disparate amounts of time for each session. Initial sessions may indeed take longer, however follow-up sessions are typically shorter. The specialty societies explained to the RUC their plan to submit a CPT code change application to delete code 90911 and create two time-based codes using 15-minute increments. The specialties also indicated they would recommend that a maximum of 4 units be billed on the same day with clear documentation of the time in the medical record. The RUC recommended CPT code 90911 be referred to CPT. In September 2018, CPT replaced one code with two new codes to describe biofeedback training initial 15 minutes of one-on-one patient contact and each additional 15 minutes of biofeedback training (one-on-one patient contact).

Compelling Evidence

The specialty societies indicated that there is compelling evidence that the physician work for this service has changed. Deleted CPT code 90911 *Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry* was created and surveyed by colorectal surgeons for fecal incontinence biofeedback training, however colorectal surgeons now represent less than 2% of the 2017 Medicare utilization and are no longer the dominant provider of this service. Additionally, in 1997, CMS significantly reduced the work RVU from 2.15 to 0.89, but maintained the colorectal surgery survey time resulting in a negative IWPUT. For these reasons, the RUC determined there is compelling evidence that the physician work described in these codes has changed.

90912 ***Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact***

The RUC reviewed the survey results from 36 gynecologists and urologists and determined that the survey 25th percentile work RVU of 0.90 appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes pre-service evaluation, 5 minutes pre-service positioning and 3 minutes pre-service scrub/dress/wait pre-service time, 15 minutes intra-service time and 5 minutes immediate post-service time. The specialty societies specified that the scrub, dress and wait time includes the physician donning gloves, shaving and cleaning the patient with soap and water and applying alcohol to clean oils from the skin and any residual soap before applying the electrodes so they adhere to the patient.

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The specialty societies noted that for a new patient the typical length of the first visit is 60 minutes total. For subsequent visits, the typical length of the session is 30 minutes total, which was confirmed by the survey respondents. The specialty societies also confirmed that if there are multiple sessions, the risks/benefits will be reiterated at the beginning of the session to remind the patient of the risks and discuss ongoing management of their expectations.

The RUC questioned if this service includes only direct physician time. The specialty societies confirmed that the physician is required to perform the service the entire 15 minutes, stimulating the correct pelvic floor muscles. The RUC recommends an editorial revision that specifies "15 minutes of one-on-one physician or qualified health care professional contact with the patient" so reporting of this service is clear. CPT will review this language at the February 2019 CPT meeting.

The RUC compared the surveyed code to the top two key reference services, CPT code 99213 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU = 0.97, 15 minutes intra-service time and 23 minutes total time) and 57160 *Fitting and insertion of pessary or other intravaginal support device* (work RVU = 0.89, 15 minutes intra-service time and 40 minutes total time) and noted that the survey respondents indicated that the surveyed code requires identical to somewhat more intensity and complexity overall, which supports the recommendation. The RUC determined that these key reference services required similar physician work and time and established the appropriate relativity for CPT code 90912. For additional support the RUC referenced MPC code 76816 *Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus* (work RVU = 0.85, 15 minutes intra-service time and 31 minutes total time). **The RUC recommends a work RVU of 0.90 for CPT code 90912.**

90913 ***Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 36 gynecologists and urologists and determined that the survey 25th percentile work RVU of 0.50 appropriately accounts for the work required to perform this service. The RUC recommends 15 minutes intra-service/total time. The specialty societies noted for a new patient, the typical length of the first visit is 60 minutes total. For subsequent visits, the typical length of the session is 30 minutes total, which was confirmed by the survey respondents.

The RUC questioned if this service includes only direct physician time. The specialty societies confirmed that the physician is required to perform the service the entire 15 minutes, stimulating the correct pelvic floor muscles. The RUC recommends an editorial revision that specifies "15 minutes of one-on-one physician or qualified health care professional contact with the patient" so reporting of this service is clear. CPT will review this language at the February 2019 CPT meeting.

The RUC compared the surveyed code to the top two key reference services, CPT codes 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80, 15 minutes intra-service/total time) and 76802 *Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for* (work RVU = 0.83, 10 minutes intra-service/total time). The RUC determined that these key reference services require more physician work and are more intense and complex to

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perform, justifying the higher work values. For additional support the RUC referenced similar service, CPT code 11045 *Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)* (work RVU = 0.50, 15 minutes intra-service/total time), which requires the same physician work and time as 90913 and should be valued identically. **The RUC recommends a work RVU of 0.50 for CPT code 90913.**

Practice Expense
The PE Subcommittee made a minor modification, reducing the razor (SK068) from 1 to 0.2, to parallel with the 0.2 stimulation sensor (SD113) because these supplies are kept for the same patient for the initial and subsequent visits. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Refer to CPT
The RUC recommends referral to the CPT Editorial Panel that CPT codes 90912 and 90913 be revised to clarify that the physician is performing the service the entire time. The RUC recommends an editorial revision that specifies "15 minutes of one-on-one physician or qualified health care professional contact with the patient" so reporting of this service is clear and represents what was surveyed and valued at the RUC.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine Biofeedback				
~~**D**90911~~	-	~~Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry~~ (90911 has been deleted. To report, see 90912, 90913)	000	N/A
●90912	V1	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact (For testing of rectal sensation, tone and compliance, use 91120) (For incontinence treatment by pulsed magnetic neuromodulation, use 53899)	000	0.90
✚●90913	V2	each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)	ZZZ	0.50

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		(Use 90913 in conjunction with ~~90911~~ 90912)		

Gastroenterology

91120 *Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)*

(For biofeedback training, ~~use~~ see ~~90911~~90912, 90913)

(For anorectal manometry, use 91122)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90912 Tracking Number V1 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **0.90**

CPT Descriptor: Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female has an overactive bladder with symptoms consisting of urgency, frequency and occasional urge incontinence. The patient has responded inadequately to medical therapy now and presents for biofeedback training.

Percentage of Survey Respondents who found Vignette to be Typical: 78%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The indications and risks and benefits of the procedure are reviewed with the patient. The nurse and physician work together to position the patient appropriately, usually in the lithotomy position. The perineum is prepped appropriately. The patch electrodes are placed. The transducers are hooked up to the machine and it is checked for functionality.

Description of Intra-Service Work: The patient is instructed as to what muscles to contract to help with their symptoms and the goal of treatment. Active, minute by minute interaction with the patient helps them identify muscles and increase attention to the specific muscles of interest in the perineum. The patient views their real time progress on the feedback monitor. After adequate recognition and exercise of the muscles the treatment is terminated and electrodes removed.

Description of Post-Service Work: The provider gives immediate feedback to the patient about their performance during the treatment. Goals are set with the patient and provider for the next treatment. A report for the medical record is dictated, proofread and signed by the treating physician. The results are communicated to the referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Thomas Turk, MD; Kyle Richards, MD; Jonathan Kiechle, MD; Jonathan Rubenstein, MD; Jon Hathaway, MD and Mitch Schuster, MD				
Specialty Society(ies):	AUA, ACOG				
CPT Code:	90912				
Sample Size:	4131	**Resp N:**	36	**Response:** 0.8 %	
Description of Sample:	random selection from membership databases				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**7.00**	20.00	200.00
Survey RVW:	0.20	0.90	**1.00**	1.51	1.90
Pre-Service Evaluation Time:			**16.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**3.00**		
Intra-Service Time:	12.00	15.00	**15.00**	15.00	30.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	90912	**Recommended Physician Work RVU: 0.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**7.00**	**0.00**
Pre-Service Positioning Time:		**5.00**	**0.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**3.00**	**1.00**	**2.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

N/A Survey Code is Non-Facility

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
57160	000	0.89	**RUC Time**

CPT Descriptor Fitting and insertion of pessary or other intravaginal support device

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	18,681

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51710	000	1.35	**RUC Time**	17,300

CPT Descriptor 2 Change of cystostomy tube; complicated

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 90912	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **57160**
Median Pre-Service Time	15.00	3.00	20.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**23.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	42%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	33%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	33%	58%
Physical effort required	0%	33%	67%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	42%	33%	25%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	80%	20%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	60%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	80%	20%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	60%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The RUC (RAW) identified services with a negative intra-service work per unit of time (IWPUT) and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC recommended that these services be surveyed for April 2018. Code 90911 was identified by this screen and an action plan was presented to the RAW to refer the code to CPT to create time based codes. The CPT Editorial Panel approved two new codes to report the initial 15 minutes of biofeedback training and each additional 15 minutes.

Discussion of current RUC database time details for 90911

Code 90911 was proposed by the American Society for Colorectal Surgeons in 1993 to report post-partum fecal incontinence anorectal biofeedback with anal manometry to decreasing volumes of rectal distension. New code 90911 was proposed because anorectal manometry and EMG are frequently bundled together. The value of the new code was obtained by adding the value for EMG to the existing value for anorectal manometry. The code was survey by colorectal surgeons and the RUC approved a work RVU of 2.20.

In 1995, a CMD nominated 90911 as misvalued. ASCRS argued that nothing changed in 2 years and the RUC recommended maintaining the value approved in 1993. CMS disagreed and reduced the value to 0.89 citing it was similar to other biofeedback codes, although they did not indicate which codes. This change in work RVU resulted in a negative IWPUT because CMS maintained the colorectal surgery time.

Compelling Evidence

1. Different Specialty: Code 90911 was created and surveyed by colorectal surgeons for fecal incontinence biofeedback training, but they now represent 2% of the utilization.

2. Flawed methodology: CMS significantly decreased the work RVU in 1997, but maintained the colorectal surgery survey time resulting in a negative IWPUT.

3. New technology: The new codes describe very different work for a different patient.

Recommendation – 90912

We recommend the survey 25th percentile work RVU of 0.90.

Pre-time package 5 is selected. The procedure is typically performed in an office setting without anesthesia. Five minutes is recommended for positioning the patient in dorsal lithotomy. Three minutes is recommended for scrub / dress time for the physician to glove and gown prior to shaving the patient's perineal area where sensors will be placed.

Key Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
57160	Fitting and insertion of pessary or other intravaginal support device	0.89	0.027	40	20	15	5
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact	0.90	0.033	35	15	15	5
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	0.97	0.053	23	3	15	5

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	0.85	0.033	31	6	15	10
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact	0.90	0.033	35	15	15	5
51710	Change of cystostomy tube; complicated	1.35	0.050	42	12	15	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 90911

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty urology How often? Sometimes

Specialty obstetrics/gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25,708 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty urology Frequency 8700 Percentage 33.84 %

Specialty obstetrics/gynecology Frequency 5000 Percentage 19.44 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90911

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90913 Tracking Number V2 Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.50**

CPT Descriptor: Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female has an overactive bladder with symptoms consisting of urgency, frequency and occasional urge incontinence. The patient has undergone the first 15 minutes of biofeedback training and the clinician determines she requires additional biofeedback training. Note: This is an add-on service. Only consider the additional work related to an additional 15 minutes of biofeedback training.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: Continued active, minute by minute interaction with the patient helps them identify muscles and increase attention to the specific muscles of interest in the perineum. The patient views their real time progress on the feedback monitor. Treatment continues until provider determines that adequate recognition and exercise of the muscle has been accomplished

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Thomas Turk, MD; Kyle Richards, MD; Jonathan Kiechle, MD; Jonathan Rubenstein, MD; Jon Hathaway, MD and Mitch Schuster, MD				
Specialty Society(ies):	AUA, ACOG				
CPT Code:	90913				
Sample Size:	4131	**Resp N:**	36	**Response:** 0.8 %	
Description of Sample:	random selection from membership databases				

	Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate	0.00	0.00	**30.00**	120.00	1250.00
Survey RVW:	0.15	0.50	**0.80**	0.85	1.90
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	15.00	**15.00**	15.00	20.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	90913	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51797	ZZZ	0.80	**RUC Time**

CPT Descriptor Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76802	ZZZ	0.83	**RUC Time**

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15003	ZZZ	0.80	**RUC Time**	43,679

CPT Descriptor 1 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	124,360

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 55.5 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 11.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 90913	Top Key Reference CPT Code: 51797	2nd Key Reference CPT Code: 76802
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	10.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**15.00**	**10.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	65%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	65%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	75%	15%
Physical effort required	5%	65%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	35%	55%	10%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	25%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	0%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	50%	25%	25%
Physical effort required	25%	0%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	50%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The RUC (RAW) identified services with a negative intra-service work per unit of time (IWPUT) and Medicare utilization over 10,000 for all services or over 1,000 for Harvard valued and CMS/Other source codes. The RUC recommended that these services be surveyed for April 2018. Code 90911 was identified by this screen and an action plan was presented to the RAW to refer the code to CPT to create time based codes. The CPT Editorial Panel approved two new codes to report the initial 15 minutes of biofeedback training and each additional 15 minutes.

Discussion of current RUC database time details for 90911

Code 90911 was proposed by the American Society for Colorectal Surgeons in 1993 to report post-partum fecal incontinence anorectal biofeedback with anal manometry to decreasing volumes of rectal distension. New code 90911 was proposed because anorectal manometry and EMG are frequently bundled together. The value of the new code was obtained by adding the value for EMG to the existing value for anorectal manometry. The code was survey by colorectal surgeons and the RUC approved a work RVU of 2.20.

In 1995, a CMD nominated 90911 as misvalued. ASCRS argued that nothing changed in 2 years and the RUC recommended maintaining the value approved in 1993. CMS disagreed and reduced the value to 0.89 citing it was similar to other biofeedback codes, although they did not indicate which codes. This change in work RVU resulted in a negative IWPUT because CMS maintained the colorectal surgery time.

Compelling Evidence

1. Different Specialty: Code 90911 was created and surveyed by colorectal surgeons for fecal incontinence biofeedback training, but they now represent 2% of the utilization.

2. Flawed methodology: CMS significantly decreased the work RVU in 1997, but maintained the colorectal surgery survey time resulting in a negative IWPUT.

3. New technology: The new codes describe very different work for a different patient.

Recommendation – 90913

We recommend the survey 25th percentile work RVU of 0.50.

Key Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)	0.50	0.033	15	0	15	0
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	0.80	0.053	15	0	15	0
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	0.83	0.083	10	0	10	0

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)	0.50	0.033	15	0	15	0
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	0.80	0.052	16	0	15	1
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	0.80	0.053	15	0	15	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 90913 in conjunction with 90911)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 90911

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty urology How often? Sometimes

Specialty obstetrics/gynecology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,600
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 10% of utilization in RUC database for code 90911

Specialty urology Frequency 900 Percentage 34.61 %

Specialty obstetrics/gynecology Frequency 520 Percentage 20.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90911

ISSUE: **Biofeedback Training**

TAB: **15**

SOURCE	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE PRE	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	typ add'l units	12 Month Svy Experience MIN	25th	MED	75th	MAX
REF1	99213	Office or other outpatient visit for the eva	12	0.053			0.97			23	3					15			5						
REF2	57160	Fitting and insertion of pessary or other	5	0.027			0.89			40	10	5	5			15			5						
1993	90911	colon and rectal surgeon survey		0.014			2.20			120	30					60			30						
current (1997)	90911	no survey - CMS reduced RVW, kept CRS time, resulting in neg IWPUT		-0.008			0.89			120	30					60			30						
SVY	90912	Biofeedback training, perineal muscles,	36	0.027	0.20	0.90	1.00	1.51	1.90	44	16	5	3	12	15	15	15	30	5		0	0	7	20	200
REC	90912	25th pctl		0.033			0.90			35	7	5	3			15			5						
REF1	51797	Voiding pressure studies, intra-abdomin	20	0.053			0.80			15						15									
REF2	76802	Ultrasound, pregnant uterus, real time w	4	0.083			0.83			10						10									
current	n/a			n/a						0															
SVY	90913	each additional 15 minutes of one-on-on	36	0.053	0.15	0.50	0.80	0.85	1.90	15	0			10	15	15	15	20	0	1	0	0	6	20	200
REC	90913	25th pctl		0.033			0.50			15	0					15			0						

CPT Code: 90912 and 90913
Specialty Society: AUA and ACOG

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Global Period: 000 **Meeting Date:** January 2019

90912 *Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one patient contact*

(For testing of rectal sensation, tone and compliance, use 91120)

(For incontinence treatment by pulsed magnetic neuromodulation, use 53899)

Global Period: ZZZ **Meeting Date:** January 2019

90913 *Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed;* each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)

(Use 90913 in conjunction with 90911)

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   ACOG and AUA convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these biofeedback training procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The direct practice expense inputs for CPT Code 90911 were included on the PE spreadsheet, as they are the existing inputs.

3. **Is this code(s) typically billed with an E/M service?** No
   Is this code(s) typically billed with the E/M service in the nonfacility? No
   (Please see provided data in PE Subcommittee folder)

4. **What specialty is the dominant provider in the nonfacility?** urology
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? 34%
   Is the dominant provider in the nonfacility different then for the global? No
   (Please see provided data in PE Subcommittee folder)

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   The specialties are recommending 3 minutes for clinical activity CA023 monitor patient following procedure/service, no multi-tasking. There is currently no PE standard. The current inputs include 3 minutes to assist the patient after the procedure (e.g. stability, muscle strength, pelvic floor).

6. **If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.**

   N/A

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   The current inputs include 3 minutes to assist the patient after the procedure, which is included under "other". The specialties have included that activity in CA023 monitor patient following procedure/service, no multi-tasking on the PE spreadsheet. (See Q4)

8. **How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)**
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   Prior to CMS increasing the clinical activity to 5 minutes for obtain vital signs, CPT Code 90911 was assigned 3 minutes. Based on the number of vital signs taken (weight, height, blood pressure), the specialty is recommending 3 minutes.

9. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   The clinical staff inputs demographic information into the biofeedback system and performs probe preparation. The clinical staff helps with passing of conduction plates, gel application, conduction plate application, cable management and intra-corporeal probe placement. The clinical staff is with the provider the entire time due to the intimate nature of the procedure.

10. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EF031	Table, power	OTHER: Default formula + post procedure monitoring	Allows for lead placement, probe placement and exercise positioning
EF027	table, instrument, mobile	Default formula	Allows for access to needed supplies and biofeedback equipment during testing
EQ168	light, exam	Default formula	Visualization of perineal and vaginal area during therapy
EQ020	EMG biofeedback continence training system (Pathway CTS2000)	Highly Technical	Physical therapy device with electrical stimulation capability

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

1. The specialties are recommending a power table (instead of the exam table previously included). A power table is typical for urology and obstetric/gynecology offices as most procedures are dorsal lithotomy with padding for extended procedure times. A power table is necessary for getting the patient into the positions for placement of the vaginal probe and to maintain position during the procedure.

2. The specialties are recommending the addition of the instrument table and the light. They believe it was an oversight that they were not included on the previous recommendations. The table is necessary

for all of the equipment and supplies. An exam light is needed for prepping the patient (eg, shaving) and placing the electrodes.

3. The specialties are recommending that the clinical staff type be updated from physical therapy assistant/aide to the nurse blend. The typical providers of these services are urology, gynecology, and other physician and QHP providers which do not typically employ physical therapist assistants/aides in their office. A nurse is the typical clinical staff type in urology/gynecology practices.

4. Supply item SD113 quantity is shown as 0.2 because there are typically 5 treatments and one sensor/probe is used per patient, not per session (ie, the sensor is labeled for a single patient's use and disposed after final treatment).

17. If there is any other item on your spreadsheet that needs further explanation please include here:

N/A

18. Please include an explanation of each line item:

	SUPPLIES	Quantity	Specific Use: BASE	Quantity	Specific Use: Add-On
SB026	Gown, patient	1	For patient		
SB036	Paper, exam table	7ft	For table		
SB037	Pillow case	1	For pillow on table		
SB022	Glove, non-sterile	2	one for nurse, one for MD		
SB044	underpad 2ft x 3ft (Chux)	1	For incontinence control during testing / stimulation	1	For incontinence control during continued testing / stimulation
SD057	electrode, external pelvic muscle	3	for nerve stimulation		
SD113	sensor, EMG, vaginal-rectal	0.2	for measurement of muscle contractility		
SG055	gauze, sterile 4in x 4in	1	Assists with gel application		
SG079	tape, surgical paper 1in (Micropore)	6	Secures external electrodes		
SJ024	electrolyte coupling gel	1	Creates conduit for electrical connectivity (for the plates)		
SK059	paper, recording (per sheet)	2	Records wave forms and muscle response		
SK068	razor	1	Hair removal for electrode application		
SB006	drape, non-sterile sheet 40in x 60in	1	Provides cover of GU area during testing and connectivity		

	A	B	D	E
1	**RUC Practice Expense Spreadsheet**			
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: Biofeedback** **Specialty: Urology and Gynecology**		
3		***RUC Collaboration Website***		
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**
5		**LOCATION**		
6		**GLOBAL PERIOD**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		
11		*Nurse Blend*	*L037D*	*RN/LPN/MTA*
12		*Physical Therapy Aide*	*L023A*	*Physical Therapy Aide*
13		*Physical Therapy Assistant*	*L039B*	*Physical Therapy Assistant*
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		
15		*Nurse Blend*	*L037D*	*RN/LPN/MTA*
16		*Physical Therapy Assistant*	*L039B*	*Physical Therapy Assistant*
17		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		
18		**PRE-SERVICE PERIOD**		
19		**Start: Following visit when decision for surgery or procedure made**		
20	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA
21	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA
22	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA
23	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA
24	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA
25	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA
26	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA
27	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA
34		**End: When patient enters office/facility for surgery/procedure**		
35		**SERVICE PERIOD**		
36		**Start: When patient enters office/facility for surgery/procedure:**		
37		**Pre-Service (of service period)**		
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L023A	Physical Therapy Aide
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA
40	CA010	Obtain vital signs	L039B	Physical Therapy Assistant
41	CA010	Obtain vital signs	L037D	RN/LPN/MTA
42	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA
43	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA
44	CA013	Prepare room, equipment and supplies	L023A	Physical Therapy Aide
45	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA
46	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA
47	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA
49	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA
56		**Intra-service (of service period)**		
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA
58	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L039B	Physical Therapy Assistant
60	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA
67		**Post-Service (of service period)**		
68	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA
69	CA023	Monitor patient following procedure/service, no multitasking	L023A	Physical Therapy Aide
70	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA
71	CA024	Clean room/equipment by clinical staff	L023A	Physical Therapy Aide

	A	B	D	E
1	**RUC Practice Expense Spreadsheet**			
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: Biofeedback** **Specialty: Urology and Gynecology**		
3		***RUC Collaboration Website***		
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**
5		**LOCATION**		
6		**GLOBAL PERIOD**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		
11		*Nurse Blend*	*L037D*	*RN/LPN/MTA*
12		*Physical Therapy Aide*	*L023A*	*Physical Therapy Aide*
13		*Physical Therapy Assistant*	*L039B*	*Physical Therapy Assistant*
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		
15		*Nurse Blend*	*L037D*	*RN/LPN/MTA*
16		*Physical Therapy Assistant*	*L039B*	*Physical Therapy Assistant*
72	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA
73	CA025	Clean scope	L037D	RN/LPN/MTA
74	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA
75	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA
76	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA
77	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA
78	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA
79	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA
81	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA
82	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA
83	CA035	Review home care instructions, coordinate visits/prescriptions	L039B	Physical Therapy Assistant
84	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA
85	CA036	Discharge day management	L037D	RN/LPN/MTA
92		**End: Patient leaves office**		

	A	B	D	E
1	**RUC Practice Expense Spreadsheet**			
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: Biofeedback** **Specialty: Urology and Gynecology**		
3		***RUC Collaboration Website***		
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**
5		**LOCATION**		
6		**GLOBAL PERIOD**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		
11		*Nurse Blend*	*L037D*	*RN/LPN/MTA*
12		*Physical Therapy Aide*	*L023A*	*Physical Therapy Aide*
13		*Physical Therapy Assistant*	*L039B*	*Physical Therapy Assistant*
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		
15		*Nurse Blend*	*L037D*	*RN/LPN/MTA*
16		*Physical Therapy Assistant*	*L039B*	*Physical Therapy Assistant*
93		**POST-SERVICE PERIOD**		
94		**Start: Patient leaves office/facility**		
95	CA037	Conduct patient communications	L039B	Physical Therapy Assistant
96	CA037	Conduct patient communications	L037D	RN/LPN/MTA
97	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA
98		***Office visits: List Number and Level of Office Visits***	**MINUTES**	
104	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA
111		**End: with last office visit before end of global period**		
112	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**
113		**TOTAL COST OF SUPPLY QUANTITY x PRICE**		
114	SB006	drape, non-sterile, sheet 40in x 60in	0.199	item
115	SB026	gown, patient	0.547	item
116	SB036	paper, exam table	0.014	foot
117	SB037	pillow case	0.3478	item
118	SB022	gloves, non-sterile	0.138	pair
119	SB044	underpad 2ft x 3ft (Chux)	0.2525	item
120	SD057	electrode, external pelvic muscle	1.325	item
121	SD113	sensor, EMG, vaginal-rectal	46.7125	item
122	SG055	gauze, sterile 4in x 4in	0.167	item
123	SG079	tape, surgical paper 1in (Micropore)	0.004	inch
124	SJ024	electrolyte coupling gel	0.022	ml
125	SK059	paper, recording (per sheet)	0.0653	item
126	SK068	razor	0.4193	item
127				
131		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*		
133	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**
134		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**		
135	EF023	table, exam	2188.0593	
136	EQ020	EMG biofeedback continence training system (Pathway CTS2000)	11750	Highly Technical
137	EF031	table, power	6091.913	Other Formula
138	EF027	table, instrument, mobile	608.4815	Default
139	EQ168	light, exam	1530.8117	Default
140				
141		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*		

	A	B	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: Biofeedback** **Specialty: Urology and Gynecology**	**90911**		**90912**		**90913**	
3		***RUC Collaboration Website***	*Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry*		*Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one*		*each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)*	
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 36.67**	**$ -**	**$ 29.41**	**$ -**	**$ 6.65**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**53**		**31**		**15**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**						
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**50**		**31**		**15**	
11		*Nurse Blend*			*31*		*15*	
12		*Physical Therapy Aide*	*12*					
13		*Physical Therapy Assistant*	*38*					
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**3**	**0**	**0**	**0**
15		*Nurse Blend*			*3*		*0*	
16		*Physical Therapy Assistant*	*3*					
17		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 18.75**	**$ -**	**$ 12.58**	**$ -**	**$ 5.55**	**$ -**
18		**PRE-SERVICE PERIOD**						
19		**Start: Following visit when decision for surgery or procedure made**						
20	CA001	Complete pre-service diagnostic and referral forms						
21	CA002	Coordinate pre-surgery services (including test results)						
22	CA003	Schedule space and equipment in facility						
23	CA004	Provide pre-service education/obtain consent						
24	CA005	Complete pre-procedure phone calls and prescription						
25	CA006	Confirm availability of prior images/studies						
26	CA007	Review patient clinical extant information and questionnaire						
27	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
34		**End: When patient enters office/facility for surgery/procedure**						
35		**SERVICE PERIOD**						
36		**Start: When patient enters office/facility for surgery/procedure:**						
37		**Pre-Service (of service period)**						
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	3					
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are available			3			
40	CA010	Obtain vital signs	5					
41	CA010	Obtain vital signs			3			
42	CA011	Provide education/obtain consent						
43	CA012	Review requisition, assess for special needs						
44	CA013	Prepare room, equipment and supplies	3					
45	CA013	Prepare room, equipment and supplies			2			
46	CA014	Confirm order, protocol exam						
47	CA015	Setup scope (nonfacility setting only)						
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
49	CA017	Sedate/apply anesthesia						
56		**Intra-service (of service period)**						
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)			15		15	
58	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)						
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	30					
60	CA021	Perform procedure/service---NOT directly related to physician work time						
67		**Post-Service (of service period)**						
68	CA022	Monitor patient following procedure/service, multitasking 1:4						
69	CA023	Monitor patient following procedure/service, no multitasking	3					
70	CA023	Monitor patient following procedure/service, no multitasking			3			
71	CA024	Clean room/equipment by clinical staff	3					

	A	B	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: Biofeedback** **Specialty: Urology and Gynecology**	**90911**		**90912**		**90913**	
3		***RUC Collaboration Website***	*Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry*		*Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one*		*each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)*	
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 36.67**	**$ -**	**$ 29.41**	**$ -**	**$ 6.65**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**53**		**31**		**15**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**						
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**50**		**31**		**15**	
11		*Nurse Blend*			*31*		*15*	
12		*Physical Therapy Aide*	*12*					
13		*Physical Therapy Assistant*	*38*					
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**3**	**0**	**0**	**0**
15		*Nurse Blend*			*3*		*0*	
16		*Physical Therapy Assistant*	*3*					
72	CA024	Clean room/equipment by clinical staff			3			
73	CA025	Clean scope						
74	CA026	Clean surgical instrument package						
75	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
76	CA028	Review/read post-procedure x-ray, lab and pathology reports						
77	CA029	Check dressings, catheters, wounds						
78	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page						
79	CA031	Review examination with interpreting MD/DO						
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.						
81	CA033	Perform regulatory mandated quality assurance activity (service period)						
82	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)						
83	CA035	Review home care instructions, coordinate visits/prescriptions	3					
84	CA035	Review home care instructions, coordinate visits/prescriptions			2			
85	CA036	Discharge day management	**n/a**		**n/a**		**n/a**	
92		**End: Patient leaves office**						

	A	B	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: Biofeedback** **Specialty: Urology and Gynecology**	**90911**		**90912**		**90913**	
3		***RUC Collaboration Website***	*Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry*		*Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry when performed; initial 15 minutes of one-on-one*		*each additional 15 minutes of one-on-one patient contact (List separately in addition to code for primary procedure)*	
4	**Clinical Activity Code**	*'*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**			**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 36.67**	**$ -**	**$ 29.41**	**$ -**	**$ 6.65**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**53**		**31**		**15**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**						
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**50**		**31**		**15**	
11		*Nurse Blend*			*31*		*15*	
12		*Physical Therapy Aide*	*12*					
13		*Physical Therapy Assistant*	*38*					
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**3**	**0**	**0**	**0**
15		*Nurse Blend*			*3*		*0*	
16		*Physical Therapy Assistant*	*3*					
93		**POST-SERVICE PERIOD**						
94		**Start: Patient leaves office/facility**						
95	CA037	Conduct patient communications	3					
96	CA037	Conduct patient communications			3			
97	CA038	Coordinate post-procedure services						
98		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
104	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
111		**End: with last office visit before end of global period**						
112	**Supply Code**	**MEDICAL SUPPLIES**						
113		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 15.52**	**$ -**	**$ 15.47**	**$ -**	**$ 0.25**	**$ -**
114	SB006	drape, non-sterile, sheet 40in x 60in	1		1			
115	SB026	gown, patient	1		1			
116	SB036	paper, exam table	7		7			
117	SB037	pillow case	1		1			
118	SB022	gloves, non-sterile			2			
119	SB044	underpad 2ft x 3ft (Chux)	1		1		1	
120	SD057	electrode, external pelvic muscle	3		3			
121	SD113	sensor, EMG, vaginal-rectal	0.2		0.2			
122	SG055	gauze, sterile 4in x 4in	1		1			
123	SG079	tape, surgical paper 1in (Micropore)	6		6			
124	SJ024	electrolyte coupling gel	1		1			
125	SK059	paper, recording (per sheet)	2		2			
126	SK068	razor	1		0.2			
127								
131		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
133	**Equipment Code**	**EQUIPMENT**						
134		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 2.40**	**$ -**	**$ 1.36**	**$ -**	**$ 0.85**	**$ -**
135	EF023	table, exam	60					
136	EQ020	EMG biofeedback continence training system (Pathway CTS2000)	60		20		15	
137	EF031	table, power			31		15	
138	EF027	table, instrument, mobile			29		15	
139	EQ168	light, exam			29		15	
140								
141		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Negative IWPUT / Different Performing Specialty from Survey

January 2019

Computerized Dynamic Posturography – Tab 16

In October 2017, the RUC identified CPT code 92548 was via the negative IWPUT screen. The specialties indicated that CPT code 92548 has not been reviewed since 1997. The code descriptor for this code is vague and current utilization may not be reflective of intended use. Practice expense includes specialized computerized equipment and audiologists are included in clinical work. Neurology and audiology agree that the code descriptor and practice expense must be updated. The specialties also believe that utilization may vary for this code with providers performing this service in different ways using different (or no) equipment. Neurology and audiology reviewed current utilization among their respective provider groups to better inform the code revision/development process. The RUC referred code 92548 to the CPT Editorial Panel for revision. The RUC notes that this service was also identified via the different performing specialty from original survey in 2017. In September 2018, CPT revised one code and added another code to more accurately describe the current clinical work and equipment necessary to provide this service.

Compelling Evidence
The RUC reviewed the compelling evidence that the work has changed for CPT code 92548. First, the specialty performing the procedure has changed. In April 1996, the code was surveyed only by otolaryngology. Since then, a plurality of other specialties now peform this service more often than otolaryngology, with internal medicine being the most common specialty. Second, the current valuation results in a negative IWPUT, signifying that the relationship between the work RVU and time is not appropriate. Additionally, audiology time is currently captured as clinical labor in practice expense. However, audiologists have been able to report Medicare independently since 2008, thus audiology time should not be captured under practice expense. Rather, a portion of audiology time should be accounted for in professional work. The RUC accepted compelling evidence based on incorrect assumptions in prior valuation resulting in a negative IWPUT and a change in the performing specialty.

92548 ***Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;***
The RUC reviewed the survey results from 70 physicians and other qualified healthcare professionals and recommends the following provider time components: pre-service time of 5 minutes, intra-service time of 20 minutes and post-service time of 10 minutes. Computerized dynamic posturography tests a patient's balance control and produces quantitative data on the degree of the patient's imbalance. The sensory organization test, which is what is described by this CPT code, involves testing a patient's level of imbalance under 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway). This service includes performing the sensory organization test, interpretation and report.

The RUC determined that the survey 25th percentile work RVU of 0.76 appropriately accounts for work involved in performing this service. To justify a work RVU of 0.76, the RUC compared the survey code to the 2nd key reference code 95992 *Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day* (work RVU= 0.75, intra-service time of 20 minutes, total time of 30 minutes) and noted that both services have identical intra-service time, whereas the survey code involves somewhat more total time. The RUC also compared the survey code to

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MPC code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU= 0.75, intra-service time of 20 minutes, total time of 26 minutes) and noted that both services involve identical intra-service time and both services involve a comparable amount of physician work. The difference in total time is made up by the comparison code being a somewhat more intense service to perform. **The RUC recommends a work RVU of 0.76 for CPT code 92548.**

92549 *Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)*

The RUC reviewed the survey results from 54 physicians and other qualified healthcare professionals and recommends the following provider time components: pre-service time of 5 minutes, intra-service time of 27 minutes and post-service time of 10 minutes. The RUC determined that the survey 25th percentile work RVU of 0.96 appropriately values the work involved in performing this service. In addition to all of the work described by CPT code 92548, 92549 also includes the work of performing the motor control test and the adaptation test. For the motor control test, the platform is shifted horizontally rapidly for at least three different set distances, multiple times. For the adaptation test, the platform is rotated multiple times around the ankle axis. This service includes performing the sensory organization test, the motor control test, the adaptation test, interpretation and report.

The RUC inquired whether a patient would ever be brought back just to have only the two additional tests (motor control test and the adaptation test) performed and the specialties responded that would not occur. A CMS official also inquired whether it would ever be possible for both services to be reported for the same patient, and the presenters noted that would not happen. The presenters explained that is because the qualified healthcare professional would report only 92549 (CDP-SOT, -MCT, and -ADT) if it was determined that the additional two tests were needed in addition to the sensory organization test (92548). 92548 would never be reported in addition to 92549.

The RUC reviewed the survey respondents' estimated physician work values and agreed that the respondents appropriately valued the physician work involved in performing this service at the 25th percentile work RVU of 0.96. To justify a work RVU of 0.96, the RUC compared the survey code to CPT code 95922 *Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt* (work RVU= 0.96, intra-service time of 20 minutes, total time of 40 minutes) and noted that the survey code involves more intra-service and total time, though is a somewhat less intense service, and both services involve a comparable amount of physician or other qualified healthcare provider work. The RUC also compared the service to CPT code 99448 *Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician…* (work RVU= 1.05, intra-service time of 25 minutes, total time of 35 minutes) and noted that although both services involve similar intra-service time, the comparison code is a somewhat more intense service to perform and that the survey code would have appropriate rank order with this comparison code at a value of 0.96. **The RUC recommends a work RVU of 0.96 for CPT code 92549.**

Practice Expense

The RUC recommends the direct practice expense inputs as submitted by the specialty society.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Otorhinolaryngologic Services** **Vestibular Function Tests, With Recording (eg, ENG)**				
▲92548	W1	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	XXX	0.76
●92549	W2	with motor control test (MCT) and adaptation test (ADT) (Do not report 92548, 92549 in conjunction with 92270)	XXX	0.96
Ophthalmology **Special Ophthalmological Services** **Other Specialized Services**				
92270		*Electro-oculography with interpretation and report* *(For vestibular function tests with recording, see 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547, 92548)* *(Do not report 92270 in conjunction with 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92547, 92548)* *(To report saccadic eye movement testing with recording, use 92700)* (Do not report 92270 in conjunction with 92548, 92549)		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92548 Tracking Number GG1 Original Specialty Recommended RVU: **0.76**
Presented Recommended RVU: **0.76**
Global Period: XXX Current Work RVU: **0.50** RUC Recommended RVU: **0.76**

CPT Descriptor: Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female presents with complaints of constant unsteadiness when standing or walking. Symptoms are made worse when walking in the dark or on uneven surfaces. Walking with head movement also exacerbates the symptoms.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The qualified health care professional reviews the patient's chart for relevant reports of previous laboratory testing, documentation of past medical and surgical history, and whether they are taking any centrally-acting drugs or vestibular suppressants. A detailed case history is taken and the instructions for the test provided.

Description of Intra-Service Work: The patient is prepared for the dynamic posturography testing which includes a forceplate to measure sway and a visual surround that can be stationary, move in response to the forceplate, or move independent of the forceplate.

The qualified health care professional performs testing under the following 6 distinct conditions:

- Eyes open
- Eyes closed
- Visual sway
- Platform sway
- Eyes closed platform sway
- Platform and visual sway

Before each of the 6 trials, the qualified health care professional informs the patient regarding what to expect (eg, both the visual surround and the force platform will move). The patient is also instructed to stand with their eyes open or closed and to stand as still as possible. The qualified health care professional reviews the computer-generated results of the CDP-SOT and develops a report of their impressions and recommendations. The report includes the patient's balance complaints and symptoms, the pattern of results, and the qualified health care professional's recommendations.

Description of Post-Service Work: The qualified health care professional monitors the patient's recovery from the physically provocative testing. Results are then described to the patient and family/caregivers. The contributing

components to balance and stability are reviewed in relation to performance on the various subtests. A plan of care is discussed, including recommendations for therapy. The referring physician is notified of the test outcomes and recommendations. A summary of the CDP-SOT is printed out for storage in the patient's paper chart, or electronically stored in their electronic health record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Kevin Kerber, MD; Jay Shah, MD; R. Peter Manes, MD; Lance Manning, MD; Mary Newman, MD; Tanvir Hussain, MD; Paul Pessis, AuD; Leisha Eiten, AuD					
Specialty Society(ies):	American Academy of Neurology, American Academy of Otolaryngology-Head and Neck Surgery, American College of Physicians, American Academy of Audiology, American Speech-Language-Hearing Association					
CPT Code:	92548					
Sample Size:	3837	**Resp N:**	70	**Response:** 1.8 %		
Description of Sample:	Random sample of the membership of each society in addition to a targeted survey of the audiology members of the American Balance Society.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**14.00**	50.00	700.00
Survey RVW:	0.27	0.76	**1.20**	1.50	50.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	15.00	**20.00**	30.00	180.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92548	**Recommended Physician Work RVU: 0.76**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92540	XXX	1.50	**RUC Time**

CPT Descriptor Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95992	XXX	0.75	**RUC Time**

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	84,795

CPT Descriptor 1 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95972	XXX	0.80	**RUC Time**	56,839

CPT Descriptor 2 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

Other Reference CPT Code	Global	Work RVU	Time Source
94660	XXX	0.76	**RUC Time**

CPT Descriptor Continuous positive airway pressure ventilation (CPAP), initiation and management

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 51.4 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 12.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92548	Top Key Reference CPT Code: 92540	2nd Key Reference CPT Code: 95992
Median Pre-Service Time	5.00	7.00	0.00
Median Intra-Service Time	20.00	60.00	20.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**35.00**	**77.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	42%	47%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	53%	39%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	56%	25%
Physical effort required	20%	56%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	6%	56%	39%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	34%	50%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	47%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	50%	29%
Physical effort required	19%	32%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	58%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey
CPT code 92548 (computerized dynamic posturography) was identified by the RAW during the April 2017 meeting as having a negative IWPUT and during the October 2017 meeting as a service surveyed by one specialty and now performed by a different specialty. At the October 2017 RUC meeting, the RAW agreed with the specialty societies' recommendations to bring this code back to CPT for revision to clarify its intended use and appropriately reflect the use of specialized computerized equipment referenced in the practice expense. At its October 2018 meeting, the CPT Editorial Panel approved revisions to 92548 (computerized dynamic posturography, sensory organization test) and the addition of a new code, 92549 (computerized dynamic posturography, sensory organization test, motor control test, and adaptation test), to provide more precise descriptions for accurate reporting of computerized dynamic posturography testing.

Survey Sample
The survey data and recommendations are based upon a random sample of AAA, AAN, AAO-HNS, ACP, and ASHA memberships. Specifically, ACP sent 1500 surveys to a random sample of internists; AAA and ASHA sent 400 surveys to a random sample of a subset of audiologists indicating experience in vestibular disorders; AAN sent 806 surveys to a random sample of members of established AAN sections; and AAO-HNS sent 847 surveys to a random sample of otologists. Additionally, a targeted survey was sent to 284 members of the American Balance Society (ABS), at the approval of the Research Subcommittee. The total sample size was 3,837, with 70 completed responses. Of those 70 responses, 30 came from audiologists who received the targeted survey, 21 came from otolaryngologists, 12 came from the random sample of audiologists, and 7 came from neurologists.

Internal Medicine Response Rate
The ACP believes that it would be extremely difficult, if not impossible, to find members who perform this service via a RUC survey of this code using a random sample. According to the RUC database, this code was performed 43,768 times under Medicare in 2017. Of the 43,768 times this code was performed, 27.24% (approximately 11,922) was performed by Internists. The Medicare utilization data shows 120 different internal medicine clinicians performed posturography services in 2016, accounting for the 11,922 times the service was performed; only 43% (approximately 52) of the 120 clinicians performing the service are ACP members.

ACP has 155,000 members, meaning that only one in 2981 ACP members perform this service. Not one of the ACP members listed in the Medicare utilization data were randomly selected in the RUC survey for posturography services, accounting for zero (0) internal medicine responses.

Expert Panel Recommendations
An expert panel of neurologists, otolaryngologists, and audiologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend the 25th percentile **work RVU of 0.76 and the median times of 10 minutes (pre), 20 minutes (intra), and 10 minutes (post) for a total of 40 minutes.** To support this recommendation, we cite **CPT code 94660** (Continuous positive airway pressure ventilation (CPAP), initiation and management) as a comparison code, also with a work RVU of 0.76 and 10 minutes (pre), 20 minutes (intra), and 10 minutes (post) for a total of 40 minutes.

Time
The expert panel agrees with the median survey times of **10 minutes (pre), 20 minutes (intra), and 10 minutes (post) for a total of 40 minutes**. We believe these times are appropriate and reflect the complexity of working with patients with balance impairments.

Work RVU
The expert panel reviewed the median survey work RVU of 1.20 and agreed that it is not an appropriate value and would create a rank order anomaly within the family of vestibular codes. Instead, **we recommend the survey 25th percentile of 0.76**, which places 92548 in appropriate rank order with the rest of the vestibular family.

Compelling Evidence
The expert panel believes there is compelling evidence for an increase in the current work RVU from 0.50 to 0.76 for the following reasons:

- Negative IWPUT. **(92548 currently has a negative IWPUT of -0.0040)**

- A previous survey was conducted by one specialty to obtain a value, but the service is currently provided primarily by physicians from a different specialty according to utilization data. **(92548 was last surveyed by otolaryngology in 1996, but the primary billers are now internal medicine and neurology)**

Additionally, audiology time is currently captured as clinical labor in practice expense. However, audiologists now bill Medicare independently and audiology time should not be captured under practice expense. As such, a portion of audiology time should be accounted for in professional work.

Comparison to Other Codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for 92548.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	0.70	0.039	20	2	15	3	MPC
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	0.75	0.013	45	15	20	10	
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	0.75	0.026	30	0	20	10	2nd key reference
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	0.76	0.016	40	10	20	10	Survey code
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	0.76	0.016	40	10	20	10	Comparison
95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	0.80	0.022	36	8	23	5	MPC
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	0.86	0.021	40	10	20	10	
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	0.96	0.026	40	10	20	10	

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	1.50	0.0187	77	7	60	10	1st key reference HCPAC MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92548

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Rarely

Specialty Neurology How often? Rarely

Specialty Audiology How often? Rarely

Specialty Otolaryngology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 52000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We used proprietary actuarial data related to commercial billing for 92548 and 2017

Medicare data to estimate total utilization, with the assumption that approximately 20% of the billing of 92548 will transfer to new code 92549.

Specialty Internal Medicine	Frequency 14165	Percentage 27.24 %
Specialty Neurology	Frequency 10436	Percentage 20.06 %
Specialty Audiology	Frequency 6417	Percentage 12.34 %
Specialty Otolaryngology	Frequency 5710	Percentage 10.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,014 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2017 Medicare utilization data, with the assumption that approximately 20% of the billing of 92548 will transfer to new code 92549.

Specialty Internal Medicine	Frequency 9538	Percentage 27.24 %
Specialty Neurology	Frequency 7027	Percentage 20.06 %
Specialty Family Practice	Frequency 4695	Percentage 13.40 %
Specialty Audiology	Frequency 4320	Percentage 12.33 %
Specialty Otolaryngology	Frequency 3845	Percentage 10.98 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92548

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92549 Tracking Number Original Specialty Recommended RVU: **0.96**
Presented Recommended RVU: **0.96**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.96**

CPT Descriptor: Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old man presents with complaints of constant severe unsteadiness when standing or walking and a history of falls. Symptoms are made worse when standing or walking in the dark or on uneven surfaces, as well as on soft and/or moving surfaces. Rapid movements and walking with head movement also exacerbate the symptoms.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The qualified health care professional reviews the patient's chart for relevant reports of previous laboratory testing, documentation of past medical and surgical history, and whether they are taking any centrally-acting drugs or vestibular suppressants. A detailed case history is taken and the instructions for the test provided.

Description of Intra-Service Work: The patient is prepared for the dynamic posturography testing which includes a forceplate to measure sway and a visual surround that can be stationary, move in response to the forceplate, or move independent of the forceplate.

The qualified health care professional performs testing under the following 6 distinct conditions:

- Eyes open
- Eyes closed
- Visual sway
- Platform sway
- Eyes closed platform sway
- Platform and visual sway

Before each of the 6 trials, the qualified health care professional informs the patient regarding what to expect (eg, both the visual surround and the force platform will move). The patient is also instructed to stand with their eyes open or closed and to stand as still as possible. After the 6 CDP-SOT conditions are performed, the platform is shifted rapidly horizontally (CDP-MCT), at least 3 different set distances, multiple times. Following the horizontal shifts, the platform is rapidly rotated multiple times around the ankle axis (CDP-ADT). The qualified health care professional reviews the computer-generated results of the CDP-SOT, -MCT, and -ADT and develops a report of their impressions and recommendations. The report includes the patient's balance complaints and symptoms, the pattern of results, and the qualified health care professional's recommendations.

Description of Post-Service Work: The qualified health care professional monitors the patient's recovery from the physically provocative testing. Results are then described to the patient and family/caregivers. The contributing components to balance and stability are reviewed in relation to performance on the SOT subtests. The qualified healthcare professional also reviews the MCT and ADT results and the patient's potential for therapeutic outcome. A plan of care is discussed, including recommendations for therapy. The referring physician is notified of the test outcomes and recommendations. A summary of the CDP-SOT, -MCT, and -ADT is printed out for storage in the patient’s paper chart, or electronically stored in their electronic health record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kevin Kerber, MD; Jay Shah, MD; R. Peter Manes, MD; Lance Manning, MD; Mary Newman, MD; Tanvir Hussain, MD; Paul Pessis, AuD; Leisha Eiten, AuD		
Specialty Society(ies):	American Academy of Otolaryngology-Head and Neck Surgery, American College of Physicians, American Academy of Audiology, American Speech-Language-Hearing Association		
CPT Code:	92549		
Sample Size:	3837	**Resp N:** 54	**Response:** 1.4 %
Description of Sample:	Random sample of the membership of each society in addition to a targeted survey of the audiology members of the American Balance Society.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**11.00**	50.00	700.00
Survey RVW:	0.55	0.96	**1.50**	1.60	15.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	20.00	**27.00**	44.00	180.00

Immediate Post Service-Time:	**14.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92549	**Recommended Physician Work RVU: 0.96**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**27.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**0.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92540	XXX	1.50	**RUC Time**

CPT Descriptor Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95992	XXX	0.75	**RUC Time**

CPT Descriptor Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76816	XXX	0.85	**RUC Time**	18,539

CPT Descriptor 1 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76805	XXX	0.99	**RUC Time**	8,682

CPT Descriptor 2 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 38 **% of respondents:** 70.3 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 9.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92549	**Top Key Reference CPT Code:** 92540	**2nd Key Reference CPT Code:** **95992**
Median Pre-Service Time	5.00	7.00	0.00
Median Intra-Service Time	27.00	60.00	20.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**42.00**	**77.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	34%	50%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	47%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	50%	29%
Physical effort required	19%	32%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	58%	40%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	80%	20%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	40%	40%
Physical effort required	20%	60%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Reason for Survey
CPT code 92548 (computerized dynamic posturography) was identified by the RAW during the April 2017 meeting as having a negative IWPUT and during the October 2017 meeting as a service surveyed by one specialty and now performed by a different specialty. At the October 2017 RUC meeting, the RAW agreed with the specialty societies' recommendations to bring this code back to CPT for revision to clarify its intended use and appropriately reflect the use of specialized computerized equipment referenced in the practice expense. At its October 2018 meeting, the CPT Editorial Panel approved revisions to 92548 (computerized dynamic posturography, sensory organization test) and the addition of a new code, 92549 (computerized dynamic posturography, sensory organization test, motor control test, and adaptation test), to provide more precise descriptions for accurate reporting of computerized dynamic posturography testing.

Survey Sample
The survey data and recommendations are based upon a random sample of AAA, AAO-HNS, ACP, and ASHA memberships. Specifically, ACP sent 1500 surveys to a random sample of internists; AAA and ASHA sent 400 surveys to a random sample of a subset of audiologists indicating experience in vestibular disorders and AAO-HNS sent 847 surveys to a random sample of otologists. Additionally, a targeted survey was sent to 284 members of the American Balance Society (ABS), at the approval of the Research Subcommittee. The total sample size was 3,031, with 54 completed responses. Of those 54 responses, 26 came from audiologists who received the targeted survey, 20 came from otolaryngologists, and 8 came from the random sample of audiologists.

Internal Medicine Response Rate
The ACP believes that it would be extremely difficult, if not impossible, to find members who perform this service via a RUC survey of this code using a random sample. According to the RUC database, this code was performed 43,768 times under Medicare in 2017. Of the 43,768 times this code was performed, 27.24% (approximately 11,922) was performed by Internists. The Medicare utilization data shows 120 different internal medicine clinicians performed posturography services in 2016, accounting for the 11,922 times the service was performed; only 43% (approximately 52) of the 120 clinicians performing the service are ACP members.

ACP has 155,000 members, meaning that only one in 2981 ACP members perform this service. Not one of the ACP members listed in the Medicare utilization data were randomly selected in the RUC survey for posturography services, accounting for zero (0) internal medicine responses.

Expert Panel Recommendations
An expert panel of neurologists, otolaryngologists, and audiologists was convened to consider the survey data and provide recommendations regarding appropriate times and professional work values, as outlined below.

We recommend the **25th percentile work RVU of 0.96 and the median times of 10 minutes (pre), 27 minutes (intra), and 14 minutes (post) for a total of 51 minutes.** Note that this recommendation results in an IWPUT of 0.016, which is identical to the IWPUT of 92548 (computerized dynamic posturography, sensory organization test), placing it in appropriate rank order with 92548 and the rest of the vestibular family of codes.

Time
The expert panel agrees with the median survey times of **10 minutes (pre), 27 minutes (intra), and 14 minutes (post) for a total of 51 minutes**. We believe these times are appropriate and reflect the complexity of working with patients with balance impairments.

Work RVU
The expert panel reviewed the median survey work RVU of 1.50 and agreed that it is not an appropriate value and would create a rank order anomaly within the family of vestibular codes. Instead, **we recommend the survey 25th percentile of 0.96**, which places 92549 in appropriate rank order with 92548 and the rest of the vestibular family of codes.

Compelling Evidence
The expert panel believes there is compelling evidence for an increase in work value for the computerized dynamic posturography family of codes for the following reasons:

- Negative IWPUT. **(The current code 92548 has a negative IWPUT of -0.0040)**

- A previous survey was conducted by one specialty to obtain a value, but the service is currently provided primarily by physicians from a different specialty according to utilization data. **(92548 was last surveyed by otolaryngology in 1996, but the primary billers are now internal medicine and neurology)**

Additionally, audiology time is currently captured as clinical labor in practice expense for 92548. However, audiologists now bill Medicare independently and audiology time should not be captured under practice expense. As such, a portion of audiology time should be accounted for in professional work.

Comparison to Other Codes

The following table outlines the key reference service, MPC, and other comparison codes to illustrate relativity and support the requested values for time and professional work for 92548.

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	0.75	0.026	30	0	20	10	2nd key reference
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus	0.85	0.033	31	6	15	10	MPC
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	0.90	0.011	50	15	20	15	
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	0.96	0.016	51	10	27	14	Survey code
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	0.96	0.026	40	10	20	10	
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	0.99	0.049	26	5	15	6	MPC
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	1.20	0.026	50	15	20	15	

CPT Code	Descriptor	RVW	IWPUT	Total Time	PRE	INTRA	POST	Note
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording	1.50	0.0187	77	7	60	10	1st key reference HCPAC MPC

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92548

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Rarely

Specialty Neurology How often? Rarely

Specialty Audiology How often? Rarely

Specialty Otolaryngology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 13000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. We used proprietary actuarial data related to commercial billing for 92548 and 2017

Medicare data to estimate total utilization, with the assumption that approximately 20% of the billing of 92548 will transfer to new code 92549.

Specialty Internal Medicine	Frequency 3540	Percentage 27.23 %
Specialty Neurology	Frequency 2609	Percentage 20.06 %
Specialty Audiology	Frequency 1604	Percentage 12.33 %
Specialty Otolaryngology	Frequency 1427	Percentage 10.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8,753
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We used 2017 Medicare utilization data, with the assumption that approximately 20% of the billing of 92548 will transfer to new code 92549.

Specialty Internal Medicine	Frequency 2384	Percentage 27.23 %
Specialty Neurology	Frequency 1757	Percentage 20.07 %
Specialty Family Practice	Frequency 1173	Percentage 13.40 %
Specialty Audiology	Frequency 1080	Percentage 12.33 %
Specialty Otolaryngology	Frequency 961	Percentage 10.98 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 92548

SS Rec Summary

ISSUE: Computerized Dynamic Posturography

TAB: 16

92548

Typical Vignette %	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with	36	0.019			1.50			77	7					60			10					
	2nd REF	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver),	9	0.026			0.75			30						20			10					
	CURRENT	92548	Computerized dynamic posturography		-0.004			0.50		70.00	40	10					15			15					
100%	SVY	92548	computerized dynamic posturography sensory organization test (cdp-sot), 6	70	0.038	0.27	0.76	1.20	1.50	50.00	40	10			2	15	20	30	180	10	0	0	14	50	700
	ACP			0	-			-			-	-					-			-			-		
	AAN			7	0.049	0.27	0.79	1.08	1.50	1.50	28	5			10	16	17	21	22	6	0	0	1	20	192
	AAO-HNS			21	0.047	0.47	0.95	1.50	1.55	5.50	45	10			2	12	20	40	180	15	0	0	12	35	450
	Audiology			42	0.030	0.45	0.75	1.05	1.50	50.00	40	10			10	15	20	30	60	10	0	0	15	94	700
Audiology	ABS			30	0.027	0.45	0.63	0.98	1.50	2.90	40	10			14	15	20	30	53	10	0	1	15	158	700
Audiology	AAA			5	0.030	1.00	1.35	1.35	1.50	50.00	50	10			10	25	30	30	45	10	0	6	75	100	100
Audiology	ASHA			7	0.030	0.45	0.93	1.00	1.35	1.50	36	5			15	18	25	45	60	6	0	0	12	28	40
	REC				0.021			0.76			35	5					20			10					

92549

Typical Vignette %	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	92540	Basic vestibular evaluation, includes spontaneous	38	0.019			1.50			77	7					60			10					
	2nd REF	95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver),	5	0.026			0.75			30						20			10					
	CURRENT	92549									0														
98.15%	SVY	92549	computerized dynamic posturography sensory	54	0.036	0.55	0.96	1.50	1.60	15.00	51	10			2	20	27	44	180	14	0	1	11	50	700
	ACP			0	-			-			-	-					-			-			-		
	AAO-HNS			20	0.033	0.55	1.14	1.50	1.64	5.75	54	11			2	10	28	45	180	15	0	0	6	22	450
	Audiology			34	0.038	0.58	0.89	1.48	1.58	15.00	47	10			8	21	27	39	60	10	0	3	14	115	700
Audiology	ABS			26	0.029	0.58	0.78	1.33	1.51	3.20	51	10			12	25	27	35	53	14	0	4	18	200	700
Audiology	AAA			4	0.050	1.25	1.40	1.58	5.03	15.00	40	8			8	14	25	42	60	7	0	3	34	74	100
Audiology	ASHA			4	0.032	0.60	0.90	1.25	1.53	1.60	42	5			20	21	31	45	60	6	0	8	10	18	40
	REC				0.023			0.96			42	5					27			10					

CPT Code: 92548, 92549
Specialty Society: AAN (92548), AAA, ACP, AAO-HNS, ASHA

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

92548 Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;

92549 with motor control test (MCT) and adaption test (ADT)

Global Period: **92548 - XXX 92549 - ZZZ** Meeting Date: **January 2019**

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The practice expense elements were determined by a consensus panel of neurologists, otolaryngologists, and audiologists from different practice settings (eg, private practice, clinic, hospital-based) and geographic regions of the country.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:
   The panel drew upon the current practice expense inputs for CPT code 92548 (computerized dynamic posturography).

3. Is this code(s) typically billed with an E/M service?
   92548 – No 92549 – N/A

   Is this code(s) typically billed with the E/M service in the nonfacility?
   92548 – No 92549 – N/A

4. What specialty is the dominant provider in the nonfacility?
   92548 – Internal Medicine 92549 – N/A

   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   92548 - 100% 92549 – N/A

   Is the dominant provider in the nonfacility different then for the global?
   92548 – No 92549 – N/A

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A – we are not recommending more minutes than the PE Subcommittee standards for clinical activities.**

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. **N/A – we are not recommending an increase over the current aggregate cost.**

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:* **N/A. We are recommending removal of clinical staff time during the intra-service (of service period).**

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. **N/A**

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **We are not requesting new equipment. However, we are submitting invoices for consideration of an update to the purchase price of EQ002 (CDP-computerized dynamic posturography system).**

    There are two types of systems now typically used by practices—CDP with an immersive visual field and CDP with a dynamic visual surround. Immersive visual field systems have emerged since the last time 92548 was reviewed in the 1990s and should be considered when pricing this equipment.

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    EQ002 CDP-computerized dynamic posturography system – other formula

    We used the qualified health care professional's intra-service time as the base of the calculation of total equipment time. We then added the clinical staff time for CA013 (Prepare room, equipment and supplies) and CA024 (Clean room/equipment by clinical staff), as the equipment is unavailable for use for other patients during this time.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: ***See the table on page 3 for further details on each recommendation.***

16. If there is any other item on your spreadsheet that needs further explanation please include here: **N/A**

17. Please include an explanation of each line item:

Recommendations for 92548

ROW	CODE	92548	current	REC	Rationale
CLINICAL ACTIVITIES					
34	**CA009**	Greet patient, provide gowning, ensure appropriate medical records are available (L037D – RN/LPN/MTA)	0	2	**Add** – Recommend below the standard of 3 minutes, as gowning is not required. Clinical staff prepare medical records for QHP review and provide a brief explanation of the testing procedure.
38	**CA013**	Prepare room, equipment and supplies (L037D – RN/LPN/MTA)	0	2	**Add** – Recommend the standard of 2 minutes. Clinical staff prepares the equipment for testing, including entering appropriate patient data and attaching the CDP system's safety harness to the patient.
53	**CA021**	Perform procedure/service---NOT directly related to physician work time (L052A – Audiologist)	52	0	**Remove –** Audiologists now bill independently and should not be included in clinical labor time
63	**CA024**	Clean room/equipment by clinical staff (L037D – RN/LPN/MTA)	0	3	**Add –** Recommend the standard of 3 minutes. Clinical staff cleans all surfaces the patient comes in contact with, including the safety harness.
MEDICAL SUPPLIES					
102	**SK054**	paper, recording (per sheet)	6	6	**Retain –** forms are used to document and review each of the required tests (6 unique conditions tested)
103	**SM022**	sanitizing cloth-wipe (surface, instruments, equipment)	0	1	**Add –** required to clean the CDP equipment
EQUIPMENT					
112	**EQ002**	CDP-computerized dynamic posturography system	60	20	**Retain –**Equipment needed for duration of QHP intraservice time.

Recommendations for 92549

ROW	CODE	92549	REF	REC	Rationale
CLINICAL ACTIVITIES					
34	**CA009**	Greet patient, provide gowning, ensure appropriate medical records are available (L037D – RN/LPN/MTA)	0	2	Recommend below the standard of 3 minutes, as gowning is not required. Clinical staff prepare medical records for QHP review and provide a brief explanation of the testing procedure.
38	**CA013**	Prepare room, equipment and supplies (L037D – RN/LPN/MTA)	0	2	Recommend the standard of 2 minutes. Clinical staff prepares the equipment for testing, including entering appropriate patient data and attaching the CDP system's safety harness to the patient.
52	**CA021**	Perform procedure/service---NOT directly related to physician work time (L052A – Audiologist)	52	0	Audiologists now bill independently and should not be included in clinical labor time
63	**CA024**	Clean room/equipment by clinical staff (L037D – RN/LPN/MTA)	0	3	Recommend the standard of 3 minutes. Clinical staff cleans all surfaces the patient comes in contact with, including the safety harness.
MEDICAL SUPPLIES					

ROW	CODE	92549	REF	REC	Rationale
102	**SK054**	paper, recording (per sheet)	6	8	Forms are used to document and review each of the required tests (6 unique sensory organization conditions, MCT, and ADT)
103	**SM022**	sanitizing cloth-wipe (surface, instruments, equipment)	0	1	Required to clean the CDP equipment
EQUIPMENT					
112	**EQ002**	CDP-computerized dynamic posturography system	60	27	Equipment needed for duration of QHP's intraservice time.

	A	B	C	D	E	F	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet						CURRENT		RECOMMENDED		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration					92548		92548		92549	
3		RUC Collaboration Website										
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 16 / Computerized Dynamic Posturography Specialty: Neurology, Internal Medicine, Otolaryngology, Audiology	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Computerized dynamic posturography		Computerized dynamic posturography		Computerized dynamic posturography	
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					$ 44.36	$ -	$ 8.98	$ -	$ 10.78	$ -
8		TOTAL CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	58.0	0.0	7.0	0.0	7.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME (PROPOSED)		L037D	RN/LPN/MTA	0.37	0.0	0.0	7.0	0.0	7.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME (CURRENT)		L052A	Audiologist	0.52	58.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME		L037D	RN/LPN/MTA	0.37	0.0	0.0	0.0	0.0	0.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE					$ 30.16	$ -	$ 2.59	$ -	$ 2.59	$ -
14		PRE-SERVICE PERIOD										
15		Start: Following visit when decision for surgery or procedure made										
30		End: When patient enters office/facility for surgery/procedure										
31		SERVICE PERIOD										
32		Start: When patient enters office/facility for surgery/procedure:										
33		Pre-Service (of service period)										
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are	Standard time for this	L037D	RN/LPN/MTA	0.37			2		2	
38	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA	0.37			2		2	
49		Intra-service (of service period)										
53	CA021	Perform procedure/service---NOT directly related to physician work time	0	L052A	Audiologist	0.52	58		0		0	
60		Post-Service (of service period)										
63	CA024	Clean room/equipment by clinical staff	3 minute standard	L037D	RN/LPN/MTA	0.37			3		3	
82		End: Patient leaves office										
83		POST-SERVICE PERIOD										
84		Start: Patient leaves office/facility										
100		End: with last office visit before end of global period										
101	Supply Code	MEDICAL SUPPLIES		PRICE	UNIT							
102		TOTAL COST OF SUPPLY QUANTITY x PRICE					$ 0.39	$ -	$ 0.44	$ -	$ 0.57	$ -
103	SK059	paper, recording (per sheet)		0.0653	item		6		6		8	
104	SM022	sanitizing cloth-wipe (surface, instruments, equipment)		0.052	item				1		1	
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
111	Equipment Code	EQUIPMENT		Purchase Price	Equipment Formula	Cost Per Minute						
112		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE					$ 13.80	$ -	$ 5.95	$ -	$ 7.62	$ -
113	EQ002	CDP-computerized dynamic posturography system		77900.061	Other Formula	0.237995092	58		25		32	
119		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

AMA/Specialty Society RVS Update Committee Summary of Recommendations
CMS/Other Utilization over 30,000

January 2019

Duplex Scan Arterial Inflow-Venous Outflow – Tab 17

In September 2018, CPT replaced one G-code (G0365) with two new codes to describe the duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access for complete bilateral and unilateral study.

Compelling Evidence
The RUC reviewed the specialty's presented argument for compelling evidence based on the following three criteria:

1. Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to one or more of the following: technique
2. Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as: a flawed mechanism or methodology used in the previous valuation
3. An anomalous relationship between the code being valued and other codes.

1. Code G0365 was created by CMS in 2005 to analyze the relationship between venous mapping utilization and fistula formation. Accrediting bodies have since established detailed practice guidelines for this procedure redefining the technique and recommending additional study components that were not part of the original intention of this G-code. Pre-operative vascular imaging has since been shown to be exceedingly beneficial to the successful creation of a functional hemodialysis access and has been acceptable as standard of care. The emphasis has shifted from the relationship between mapping and fistula formation to a thorough evaluation of the veins and arteries of the upper extremity(ies) to find not a suitable vein but the patient's best option for success. This evolution in technique represents compelling evidence for a change in work, when G0365 was converted to Category I CPT codes 93985 and 93986.

2. Incorrect assumptions were made in the previous valuation: flawed methodology. The work RVU for G0365 was estimated by crosswalking to CPT 93990 *Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow* (work RVU= 0.50) . This code was surveyed as part of the vascular lab family in April 2014 and increased in value from an RVU of 0.25 to 0.50; however, a corresponding increase was never applied to G0365 and it remained crosswalked to the previous value.

3. An anomalous relationship between the code being valued and other codes. Code G0365 and now 93985, include the evaluation of arteries and veins in both upper extremities. As currently valued at 0.25 RVU, it is the lowest of all the vascular lab studies, lower than other codes that describe limited or unilateral exams of only venous *or* arterial structures. These discrepancies support the need for RVU changes to correct the anomalies.

The RUC accepted compelling evidence based on a change in technique, incorrect assumptions were made in the previous valuation and rank order anomaly between G0365 and other vascular lab studies.

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93985 ***Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study***
The RUC reviewed the survey results from 69 vascular surgeons, nephrologists and radiologists and recommend the following physician time components: 5 minutes of pre-service, 17 minutes of intra-service time and 5 minutes of immediate post-service time.

The RUC determined the survey 25th percentile work RVU of 0.80 appropriately accounts for the physician work involved in performing this service. To justify a work RVU of 0.80, the RUC compared the survey code to top key reference code 93930 *Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study* (work RVU= 0.80, intra-service time of 15 minutes, total time of 25 minutes) and noted that the survey code involves slightly more intra-service and total time and a comparable amount of physician work. Also, both services are bilateral vascular lab studies of the upper extremities with analogous physician work. The RUC also compared the survey code to CPT code 93925 *Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study* (work RVU= 0.80, intra-service time of 15 minutes, total time of 25 minutes) and noted that the survey code involves slightly more intra-service and total time and a comparable amount of physician work. **The RUC recommends a work RVU of 0.80 for CPT code 93985.**

93986 ***Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study***
The RUC reviewed the survey results from 69 vascular surgeons, nephrologists and radiologists and recommends the following physician time components: 5 minutes of pre-service, 10 minutes of intra-service time and 5 minutes of immediate post-service time. The RUC determined the survey 25th percentile work RVU of 0.50 appropriately accounts for the physician work involved in performing this service. To justify a work RVU of 0.50, the RUC compared the survey code to top key reference code 93990 *Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)* (work RVU= 0.50, intra-service 11 minutes, total time of 21 minutes) and noted that both services involve similar intra-service time and total time and a comparable amount of physician work. The work between these two services are somewhat different but comparable; unlike 93990 which includes imaging only of arteries and veins in the already functioning dialysis circuit, pre-operative code 93986 includes all of the arteries and veins in the arm. The RUC also compared the survey code to 2nd key reference code 93931 *Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study* (work RVU= 0.50, intra-service time of 10 minutes, total time of 20 minutes) and noted that both service have identical times and involve a similar amount of physician work. It was noted that the reference code involves only evaluating arteries in a unilateral upper extremity, whereas the survey code involves evaluating all of the arteries and veins, confirming that the value of the survey code should be at least as high as this reference code. **The RUC recommends a work RVU of 0.50 for CPT code 93986.**

Practice Expense
The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Noninvasive Vascular Diagnostic Studies**				
Vascular studies include patient care….				
Duplex scan *(eg, 93880, 93882) describes an ultrasonic scanning…*				
Physiologic studies *Noninvasive physiologic…*				
Limited studies for lower extremity require…				
Limited studies for upper extremity require …				
Complete studies for lower extremity require….				
Alternatively, a complete study may be reported...				
Complete studies for upper extremity require….				
Extremity Arterial Studies (Including Digits)				
93922		*Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)* *(When only 1 arm or leg is available for study, report 93922 with modifier 52 for a unilateral study when recording 1-2 levels. Report 93922 when recording 3 or more levels or performing provocative functional maneuvers)* *(Report 93922 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, 93922 may be reported twice by adding modifier 59 to the second procedure)* *(For transcutaneous oxyhemoglobin measurement in a lower extremity wound by near infrared spectroscopy, use 0493T)* ~~*(Do not report 93922 in conjunction with 0337T)*~~		
93923		*Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or*		

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	more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
	(When only 1 arm or leg is available for study, report 93922 for a unilateral study when recording 3 or more levels or when performing provocative functional maneuvers)
	(Report 93923 only once in the upper extremity(s) and/or once in the lower extremity(s). When both the upper and lower extremities are evaluated in the same setting, 93923 may be reported twice by adding modifier 59 to the second procedure)
	~~*(Do not report 93923 in conjunction with 0337T)*~~
93924	*Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study*
	(Do not report 93924 in conjunction with 93922, 93923)
93925	*Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study*
	(Do not report 93925 in conjunction with 93985 for the same extremities)
93926	*unilateral or limited study*
	(Do not report 93926 in conjunction with 93986 for the same extremity)
93930	*Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study*
	(Do not report 93930 in conjunction with 93985, 93986 for the same extremity[ies])
93931	*unilateral or limited study*
	(Do not report 93931 in conjunction with 93985, 93986 for the same extremity)
Extremity Venous Studies (Including Digits)	
	(93965 has been deleted)
93970	*Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study*
	(Do not report 93970 in conjunction with 93985, 93986 for the same extremity[ies])
93971	*unilateral or limited study*
	(Do not report 93970, 93971 in conjunction with 36475, 36476, 36478, 36479)

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(Do not report 93971 in conjunction with 93985, 93986 for the same extremity)

Extremity Arterial-Venous Studies

A complete extremity duplex scan (93985, 93986) includes evaluation of both arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access. If only an arterial extremity duplex scan is performed, see 93925, 93926, 93930, 93931. If only a venous extremity duplex scan is performed, see 93970, 93971. If a physiologic arterial evaluation of extremities is performed, see 93922, 93923, 93924.

DG0365	-	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	XXX	Recommend CMS Delete (2019 work RVU = 0.25)
●93985	X1	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study (Do not report 93985 in conjunction with 93925, 93930, 93970 for the same extremity[ies]) (Do not report 93985 in conjunction with 93990 for the same extremity)	XXX	0.80
●93986	X2	complete unilateral study (Do not report 93986 in conjunction with 93926, 93931, 93971, 93990 for the same extremity)	XXX	0.50
93990	*Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)* *(For measurement of hemodialysis access flow using indicator dilution methods, use 90940)*			

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93985 Tracking Number X1 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.80**

CPT Descriptor: Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents for evaluation for an autogenous arteriovenous fistula for hemodialysis. Complete bilateral duplex scans of arterial inflow and venous outflow are performed.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors, and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: Supervise the technologist's image acquisition and evaluation of the bilateral upper extremity arterial inflow and venous outflow structures for the potential creation of a new hemodialysis access. This includes assessment of the anatomy, internal vessel diameters, patency and flow dynamics of the bilateral subclavian, axillary, brachial, median cubital, basilic and cephalic veins; as well as the axillary, brachial, ulnar and/or radial arteries. Special attention must be paid to the superficial veins regarding their suitability for use as arterial venous fistula. Analyze images, velocities and data. Summarize findings regarding all evaluated vessels and make final recommendation regarding best fistula options. Dictate a report.

Description of Post-Service Work: Review and sign the report. Send a copy of the report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Matthew Sideman, MD; Jeff Giullian, MD and Kurt Schoppe, MD		
Specialty Society(ies):	Society for Vascular Surgery, Renal Physician Association and American College of Radiology		
CPT Code:	93985		
Sample Size:	3750	**Resp N:** 55	**Response:** 1.4 %
Description of Sample:	Random from membership database SVS and RPA. The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform ultrasound and interventional radiology procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**22.00**	60.00	700.00
Survey RVW:	0.45	0.80	**0.80**	1.00	1.70
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	10.00	**17.00**	20.00	60.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93985	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**17.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93930	XXX	0.80	**RUC Time**

CPT Descriptor Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93970	XXX	0.70	**RUC Time**

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95971	XXX	0.78	**RUC Time**	24,025

CPT Descriptor 1 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	969,254

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 38.1 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 25.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 93985	**Top Key Reference CPT Code:** 93930	**2nd Key Reference CPT Code:** **93970**
Median Pre-Service Time	5.00	5.00	3.00
Median Intra-Service Time	17.00	15.00	15.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**27.00**	**25.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	63%	37%
Physical effort required	0%	69%	31%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	54%	44%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	64%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	43%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	64%	36%
Physical effort required	0%	64%	36%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	50%	36%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code G0365 was identified by the Relativity Assessment Workgroup through a screen of CMS/Other codes with Medicare utilization of 30,000 or more. After review of the specialties' Action Plan, the RAW referred code G0365 to CPT to convert to a Category I code for the 2020 CPT cycle.

In 2005 CMS created G Code G0365 *Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)* to create the opportunity for CMS to analyze the relationship between venous mapping utilization and fistula formation. The code descriptor enabled clinicians, other than the operating surgeon, who provide care to ESRD patients the opportunity to bill for this service. CMS believed that vessel mapping requires the assessment of the arterial and venous vessels in order to provide the information necessary for the creation of an autogenous conduit. CMS crosswalked G0365 to CPT code 93990 for work, malpractice, and practice expense RVUs because these RVUs appropriately reflected the work and resources of this new G-code. **Note:** CPT Code 93990 was updated for CY2015 however, the crosswalk data for G0365 was not updated at that time.

Compelling Evidence

We believe 93985 meets compelling evidence thresholds by three standards.

1. Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to one or more of the following: technique
2. Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as: a flawed mechanism or methodology used in the previous valuation
3. An anomalous relationship between the code being valued and other codes.

1. Code G0365 was created by CMS in 2005 to analyze the relationship between venous mapping utilization and fistula formation. Accrediting bodies have since established detailed practice guidelines for this procedure redefining the technique and recommending additional study components that were not part of the original intention of this G-code. (See supplemental files: IAC 2018 Vascular Testing Standards and SVU 2012 Upper Extremity Vein Mapping for Creation of a Dialysis Access or Peripheral Vascular Bypass Graft.) Pre-operative vascular imaging has since been shown to be exceedingly beneficial to the successful creation of a functional hemodialysis access and has been acceptable as standard of care. The emphasis has shifted from the relationship between mapping and fistula formation to a thorough evaluation of the veins and arteries of the upper extremity(ies) to find not a suitable vein but the patient's *best* option for success. This evolution in technique represents compelling evidence for an increase in RVUs when G0365 is converted to category 1 CPT codes 93985 and 93986.

2. Incorrect assumptions were made in the previous valuation: flawed methodology. The RVU for G0365 were estimated by crosswalking to CPT 93990 (*Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow*). This code was surveyed as part of the vascular lab family in April 2014 and increased in value from an RVU of 0.25 to 0.50; however, a corresponding increase was never applied to G0365 and it remained crosswalked to the previous value. We believe this represents a flawed methodology as the RUC approved the compelling evidence that 93990 was undervalued and approved the survey data increasing the RVU for 93990. If this code was truly an appropriate crosswalk for G0365, then the increase should have been appropriate as well.

3. An anomalous relationship between the code being valued and other codes. G0365 and now 93985 include the evaluation of arteries and veins in both upper extremities. As currently valued at 0.25 RVU, it is the lowest of all the vascular lab studies, lower than other codes that describe limited or unilateral exams of only venous *or* arterial structures. These discrepancies support the need for RVU changes to correct the anomalies.

Work RVU Recommendation

We are recommending the median survey value of 0.80 RVW for 93985.

Comparison with Key Reference Services

There was not one dominant KRS chosen by the survey respondents. CPT code 93930 *(Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study)* was chosen by 30% and CPT code 93970 (*Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study*) was chosen by another 20%. These codes are both bilateral vascular lab studies and compare favorably with 93985 as shown in the table below.

	RVW	IWPUT	Total Time	Pre	Intra	Post
93930	0.80	0.038	25	5	15	5
93985	0.80	0.034	27	5	17	5
93970	0.70	0.035	23	3	15	5

Comparison to MPC codes

MPC 95971, RVU 0.78
Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

MPC 76700, RVU 0.81
Ultrasound, abdominal, real time with image documentation; complete

	RVW	IWPUT	Total Time	Pre	Intra	Post
95971	0.78	0.024	33	8	20	5
93985	0.80	0.034	27	5	17	5
76700	0.81	0.053	21	5	11	5

Conclusion
CMS proposed the G-code G0365 to create the opportunity for them to analyze the relationship between venous mapping utilization and fistula formation in the 2005 MFS Final Rule. Pre-operative vascular mapping has been become the standard of care and multiple publications and guidelines have been established further defining the technique for performing the evaluation of the patients. As a result, there has been an expected increase in the utilization of this code to the point where it was identified by the RAW fur to utilization of 30,000 or more of a CMS/other code. We therefore recommended the G-code be converted to the two category 1 CPT codes presented today, mirroring other vascular lab codes with a bilateral and a unilateral version. We have presented compelling evidence for an increase in RVU along with strong multispecialty survey data supported by comparisons to key reference services and MPC codes. We therefore recommend the median survey value of 0.80 RVU for CPT code 93985.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty nephrology How often? Commonly

Specialty radiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,300 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database indicated G0365 was billed approximately 38,000 in 2017. The units of service file, circulated for the January 2019 RUC meeting, indicate that G0365 was reported greater than once in 28% of the claims. As such, the specialties estimate this service might be reported 11,300 in Medicare. However, the data remain unclear.

Specialty vascular surgery Frequency 4520 Percentage 40.00 %

Specialty nephrology Frequency 3165 Percentage 28.00 %

Specialty radiology Frequency 678 Percentage 6.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number G0365

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93986 Tracking Number X2 Original Specialty Recommended RVU: **0.55**
Presented Recommended RVU: **0.55**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.50**

CPT Descriptor: Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents for evaluation for an autogenous arteriovenous fistula for hemodialysis. Complete unilateral duplex scans of arterial inflow and venous outflow are performed.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the noninvasive diagnostic test requisition form, noting the patient's medical history, risk factors, and clinical history providing the indication for the examination. Review previous diagnostic studies for the patient that may be used for comparative surveillance or to diagnose disease progression.

Description of Intra-Service Work: Supervise the technologist's image acquisition and evaluation of the selected upper extremity arterial inflow and venous outflow structures for the potential creation of a new hemodialysis access. This includes assessment of the anatomy, internal vessel diameters, patency and flow dynamics of the subclavian, axillary, brachial, median cubital, basilic and cephalic veins; as well as the axillary, brachial, ulnar and/or radial arteries. Special attention must be paid to the superficial veins regarding their suitability for use as arterial venous fistula. Analyze all images, velocities and data. Summarize findings regarding all evaluated vessels and make final recommendation regarding best fistula options. Dictate a report.

Description of Post-Service Work: Review and sign the report. Send a copy of the report to the referring physician and/or primary care provider. Archive study. Provide a verbal report of critical results directly to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Matthew Sideman, MD; Jeff Giullian, MD and Kurt Schoppe, MD		
Specialty Society(ies):	Society for Vascular Surgery, Renal Physician Association and American College of Radiology		
CPT Code:	93986		
Sample Size:	3750	**Resp N:** 55	**Response:** 1.8 %
Description of Sample:	Random from membership database SVS and RPA. The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform ultrasound and interventional radiology procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	7.00	**20.00**	50.00	400.00
Survey RVW:	0.30	0.50	**0.55**	0.80	1.20
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	8.00	**10.00**	15.00	40.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93986	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**5.00**	**0.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93990	XXX	0.80	**RUC Time**

CPT Descriptor Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93931	XXX	0.50	**RUC Time**

CPT Descriptor Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76857	XXX	0.50	**RUC Time**	214,591

CPT Descriptor 1 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76536	XXX	0.56	**RUC Time**	893,912

CPT Descriptor 2 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 38.1 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 21.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 93986	Top Key Reference CPT Code: 93990	2nd Key Reference CPT Code: **93931**
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	10.00	11.00	10.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**21.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	73%	20%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	60%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	80%	20%
Physical effort required	0%	93%	7%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	67%	20%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	40%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	50%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	0%	70%	30%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Code G0365 was identified by the Relativity Assessment Workgroup through a screen of CMS/Other codes with Medicare utilization of 30,000 or more. After review of the specialties' Action Plan, the RAW referred code G0365 to CPT to convert to a Category I code for the 2020 CPT cycle

In 2005 CMS created G Code G0365 *Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)* to create the opportunity for CMS to analyze the relationship between venous mapping utilization and fistula formation. The code descriptor enabled clinicians, other than the operating surgeon, who provide care to ESRD patients the opportunity to bill for this service. CMS believed that vessel mapping requires the assessment of the arterial and venous vessels in order to provide the information necessary for the creation of an autogenous conduit. CMS crosswalked G0365 to CPT code 93990 for work, malpractice, and practice expense RVUs because these RVUs appropriately reflected the work and resources of this new G-code. **Note:** CPT Code 93990 was updated for CY2015 however, the crosswalk data for G0365 was not updated at that time.

Compelling Evidence

We believe 93986 meets compelling evidence thresholds by three standards.

1. Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to one or more of the following: technique
2. Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as: a flawed mechanism or methodology used in the previous valuation
3. An anomalous relationship between the code being valued and other codes.

1. Code G0365 was created by CMS in 2005 to analyze the relationship between venous mapping utilization and fistula formation. Accrediting bodies have since established detailed practice guidelines for this procedure redefining the technique and recommending additional study components that were not part of the original intention of this G-code. (See supplemental files: IAC 2018 Vascular Testing Standards and SVU 2012 Upper Extremity Vein Mapping for Creation of a Dialysis Access or Peripheral Vascular Bypass Graft.) Pre-operative vascular imaging has since been shown to be exceedingly beneficial to the successful creation of a functional hemodialysis access and has been acceptable as standard of care. The emphasis has shifted from the relationship between mapping and fistula formation to a thorough evaluation of the veins and arteries of the upper extremity(ies) to find not a suitable vein but the patient's *best* option for success. This evolution in technique represents compelling evidence for an increase in RVUs when G0365 is converted to category 1 CPT codes 93985 and 93986.

2. Incorrect assumptions were made in the previous valuation: flawed methodology. The RVU for G0365 were estimated by crosswalking to CPT 93990 (*Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow*). This code was surveyed as part of the vascular lab family in April 2014 and increased in value from an RVU of 0.25 to 0.50; however, a corresponding increase was never applied to G0365 and it remained crosswalked to the previous value. We believe this represents a flawed methodology as the RUC approved the compelling evidence that 93990 was undervalued and approved the survey data increasing the RVU for 93990. If this code was truly an appropriate crosswalk for G0365, then the increase should have been appropriate as well.

3. An anomalous relationship between the code being valued and other codes. G0365 and now 93986 include the evaluation of arteries *and* veins in the upper extremity. As currently valued at 0.25 RVU, it is the lowest of all the vascular lab studies, lower than other codes that describe limited or unilateral exams of only venous *or* arterial structures. These discrepancies support the need for RVU changes to correct the anomalies.

Work RVU Recommendation

We are recommending the median survey value of 0.55 RVW for 93986.

Comparison with Key Reference Services

There was not one dominant KRS chosen by the survey respondents. CPT code 93990 *(Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow))* was chosen by 38% and CPT code 93931 (*Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study*) was chosen by another 22%. These codes are both vascular lab studies and compare favorably with 93986 as shown in the table below.

	RVW	IWPUT	Total Time	Pre	Intra	Post

93990	0.50	0.025	21	5	11	5
93986	0.55	0.033	20	5	10	5
93931	0.50	0.028	20	5	10	5

Comparison to MPC codes

MPC 76857, RVU 0.50
Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

MPC 76536, RVU 0.81
Ultrasound, abdominal, real time with image documentation; complete

	RVW	IWPUT	Total Time	Pre	Intra	Post
76857	0.50	0.039	17	5	7	5
93986	0.55	0.033	20	5	10	5
76536	0.56	0.038	18	4	10	4

Conclusion
CMS proposed the G-code G0365 to create the opportunity for them to analyze the relationship between venous mapping utilization and fistula formation in the 2005 MFS Final Rule. Pre-operative vascular mapping has been become the standard of care and multiple publications and guidelines have been established further defining the technique for performing the evaluation of the patients. As a result, there has been an expected increase in the utilization of this code to the point where it was identified by the RAW fur to utilization of 30,000 or more of a CMS/other code. We therefore recommended the G-code be converted to the two category 1 CPT codes presented today, mirroring other vascular lab codes with a bilateral and a unilateral version. We have presented compelling evidence for an increase in RVU along with strong multispecialty survey data supported by comparisons to key reference services and MPC codes. We therefore recommend the median survey value of 0.55 RVU for CPT code 93986.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G0365

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty vascular surgery How often? Commonly

Specialty nephrology How often? Commonly

Specialty radiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 28,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database indicated G0365 was billed approximately 38,000 in 2017. The units of service file, circulated for the January 2019 RUC meeting, indicate that G0365 was reported greater than once in 28% of the claims. As such, the specialties estimate the bilateral service might be reported 11,300 in Medicare. Therefore, the specialties estimate that 28,000 unilateral services may be performed. However, the data remain unclear.

Specialty vascular surgery Frequency 11200 Percentage 40.00 %

Specialty nephrology Frequency 7840 Percentage 28.00 %

Specialty radiology Frequency 1680 Percentage 6.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number G0365

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity

TAB: 17

					RVW					Total	PRE	INTRA					POST	12 Month Svy Experience					
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX	TYP?
REF1	93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	21	0.038			0.80			25	5			15			5						
REF2	93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	14	0.035			0.70			23	3			15			5						
current	G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)		0.013			0.25			20	0			20			0						
SVY	93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	69	0.034	0.45	0.80	0.80	1.00	1.70	27	5	4	10	17	20	60	5	0	10	22	60	700	88%
REC	93985			0.034			0.80			27	5			17			5						
	93985	*NEPHROLOGY*	*14*	*0.014*	*0.50*	*0.71*	*0.80*	*0.98*	*1.50*	*47*	*8*	*10*	*16*	*30*	*31*	*45*	*10*	*0*	*20*	*26*	*131*	*700*	*86%*
	93985	*SURGERY*	*41*	*0.034*	*0.45*	*0.80*	*0.80*	*1.00*	*1.70*	*27*	*5*	*7*	*12*	*17*	*20*	*60*	*5*	*0*	*20*	*30*	*60*	*500*	*90%*
	93985	*RADIOLOGY*	*14*	*0.069*	*0.75*	*0.80*	*0.80*	*0.95*	*1.20*	*15*	*2*	*4*	*8*	*10*	*18*	*20*	*3*	*0*	*3*	*5*	*8*	*60*	*87%*
REF1	93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	15	0.025			0.50			21	5			11			5						
REF2	93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	10	0.028			0.50			20	5			10			5						
current	G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)		0.013			0.25			20	0			20			0						
SVY	93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	69	0.033	0.30	0.50	0.55	0.80	1.20	20	5	3	8	10	15	40	5	0	7	20	50	400	90%
REC	93986			0.028			0.50			20	5			10			5						
	93986	*NEPHROLOGY*	*14*	*0.014*	*0.48*	*0.51*	*0.60*	*0.79*	*1.20*	*33*	*7.5*	*5*	*11*	*17*	*24*	*30*	*9*	*0*	*5*	*35*	*58*	*200*	*86%*
	93986	*SURGERY*	*41*	*0.025*	*0.30*	*0.50*	*0.55*	*0.75*	*1.20*	*23*	*5*	*4*	*10*	*13*	*15*	*40*	*5*	*0*	*12*	*25*	*100*	*400*	*93%*
	93986	*RADIOLOGY*	*14*	*0.077*	*0.45*	*0.50*	*0.65*	*0.80*	*0.95*	*12*	*2*	*3*	*4*	*7*	*10*	*15*	*3*	*0*	*4*	*6*	*12*	*70*	*87%*

CPT Code: 93985 and 93986
Specialty Society: SVS, RPA and ACR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Global Period: XXX **Meeting Date:** January 2019

93985 *Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study*

(Do not report 93985 in conjunction with 93925, 93930, 93970 for the same extremity[ies])

(Do not report 93985 in conjunction with 93990 for the same extremity)

93986 *Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study*

(Do not report 93986 in conjunction with 93926, 93931, 93971, 93990 for the same extremity)

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1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   SVS, RPA and ACR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these duplex procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   The specialties included the direct practice expense inputs for G0365 and CPT Code 93990 on the spreadsheet, as those are the current inputs. See Question #17.

3. **Is this code(s) typically billed with an E/M service?**
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   G3065 is not typically billed with an E/M – 22%
   G3065 is not typically billed with an E/M in the NF setting – 31%

4. **What specialty is the dominant provider in the nonfacility?**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

   Vascular Surgery is the dominant provider in the NF setting – 39%
   Vascular Surgery is dominant in both the NF setting and the global

5. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   The specialties are recommending 4 minutes for CA013 – prepare room, equipment and supplies. The standard is 2 minutes. The extra time is needed to set up the equipment.

   The specialties are recommending 5 minutes (93985) and 8 minutes (93986) for CA030 – technologist QC's images in PACS, checking for all images, reformats, and dose page. The baseline time for this activity is 2 minutes. The extra time is needed to transfer real-time (i.e. movie-like images) in addition to static pictures into the PACs.

6. **If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.**

   N/A

7. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   G0365 had 1 minute allocated for CA012 – review requisition, assess for special needs. The original spreadsheet had 'patient history' and we felt CA012 was the closest existing clinical activity.

   G0365 has 8 minutes allocated for CA030 - Technologist QC's images in PACS, checking for all images, reformats, and dose page. The original spreadsheet had "collate preliminary data, arrange images, edit video tape" and we felt CA030 was the closest existing clinical activity.

8. **How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)**
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

Three minutes were allocated for CA010 – obtain vital signs, prior to CMS increasing the time to five minutes. CMS updated the time to 5 minutes for CPT Code 93990, but not G0365. The specialties are recommending three minutes for these services.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

**Perform procedure/service-NOT directly related to physician work time*

Before the patient arrives

- Verify orders (appropriate indications)
- Review any previous test results or surgical procedures, if appropriate

At time of service

- Greet the patient, provide gowning, ensure appropriate medical records are available
- Provide education (give handout, explain procedure to the patient and answer questions)
- Obtain pertinent history (diabetes, pacemakers, central venous catheters, dominant hand)
- Position patient for procedure
- Prepare room, equipment and supplies

  Venous examination
  - *Use B-mode, color and spectral Doppler to assess anatomy, internal vessel diameters, patency and flow patterns in the following veins:*
    - *Subclavian*
    - *Axillary*
    - *Brachial*
    - *Median cubital vein*
    - *Basilic (assess for adequate length, variant anatomy)*
    - *Cephalic (ensure continuity with deep system)*
  - *If there are areas of thickening in the basilic or cephalic veins, a tourniquet may be applied to check for dilation. A soft stress ball may be used as well.*
  - *If there is continuous flow in the subclavian vein, assess for central vein stenosis*
  - *Mark veins on skin with an indelible marker*

  Arterial examination
  - *Perform pulse examination*
  - *Take blood pressure in both arms (assess for BP differential)*
  - *Use B-mode, color and spectral Doppler to assess the anatomy, internal vessel diameters, presence of calcification or stenosis, and velocities (e.g. Axillary, Brachial, Ulnar, Radial)*
  - *(Allen's test, or some assessment of arch) Assess palmar arch by insonating the superficial palmar artery and compressing the radial artery (checking for flow reversal indicative of a complete arch)*

- Clean gel from the patient
- Place bracelet on extremity (to prevent venipuncture) and give patient stress ball

After the patient leaves

- Clean room and equipment
- Complete worksheets (anatomical drawings)
- Technologist QC's images in PACS, checking for all images and making corrections

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The specialties used CA021 – perform procedure/service – NOT directly related to physician work time for 93985 and 93986. The vascular technologist acquires the images and it does not directly relate to the amount of surveyed physician work time.

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

ED053 Professional PACS Workstation – OTHER *(half physician pre-time and 100% physician intra time)*
ED050 Technologist PACS Workstation – PACS formula
EL016 room, ultrasound, vascular – Highly Technical

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:

In 2005 CMS created G Code G0365 *Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)* to create the opportunity for CMS to analyze the relationship between venous mapping utilization and fistula formation. The code descriptor enabled clinicians, other than the operating surgeon, who provide care to ESRD patients the opportunity to bill for this service. CMS believed that vessel mapping requires the assessment of the arterial and venous vessels in order to provide the information necessary for the creation of an autogenous conduit. CMS crosswalked G0365 to CPT code 93990 for work, malpractice, and practice expense RVUs because these RVUs appropriately reflected the work and resources of this new G-code. **Note:** CPT Code 93990 was updated for CY2015 however the crosswalk data for G0365 was not updated at that time.

18. Please include an explanation of each line item:

Code	Description	CPT Code 93985		CPT Code 93986	
		Qty	Notes	Qty	Notes
SA048	*paper, exam table* *gloves, NS (2)* *gown, patient* *pillow case* *cover, therm*	1	Patient preparation	1	
SB006	drape, non-sterile, sheet 40in x 60in	1	Patient preparation	1	
SJ062	ultrasound transmission gel	30ml	Allows sound waves to pass through to skin	60ml	
SK062	patient education booklet	1	Inform patient about procedure	1	
SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.34oz	Infection control (patient table/back table)	0.34oz	
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	2	Infection control equipment (probe, cable and console)	2	
SM021	Sanitizing cloth-wipe (patient)	2	Infection control – patient (extremity)	4	
SK074	Marking pen	1	Mark vessels on skin surface	1	

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**CURRENT**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 18 Duplex Scan Arterial-Inflow Venous Outflow - Upper Extremity** **Specialty: Vascular Surgery, Interventional Radiology, Nephrology**				**G0365**		**93990**		**93986**	
3		***RUC Collaboration Website***				*Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)*		*Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)*		*Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 164.51**	**$ -**	**$ 131.64**	**$ -**	**$ 125.39**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**76**	**0**	**61**	**0**	**63**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**3**	**0**	**3**	**0**	**3**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**65**	**0**	**58**	**0**	**60**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**8**	**0**	**0**	**0**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 38.88**	**$ -**	**$ 32.94**	**$ -**	**$ 34.02**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery or procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37						
20	CA006	Confirm availability of prior images/studies	L054A	Vascular	0.54	1		1		1	
21	CA007	Review patient clinical extant information and questionnaire	L054A	Vascular	0.54	2		2		2	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L054A	Vascular	0.54	3		3		3	
34	CA010	Obtain vital signs	L054A	Vascular	0.54	3		5		3	
35	CA011	Provide education/obtain consent	L054A	Vascular	0.54	3		2		2	
36	CA012	Review requisition, assess for special needs	L054A	Vascular	0.54	1					
37	CA013	Prepare room, equipment and supplies	L054A	Vascular	0.54	3		4		4	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L054A	Vascular	0.54	3		2		2	
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L054A	Vascular	0.54	38		38		38	
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
62	CA024	Clean room/equipment by clinical staff	L054A	Vascular	0.54	3		3		3	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	Vascular Technologist	0.54	8				2	
69	CA031	Review examination with interpreting MD/DO	L054A	Vascular	0.54			1		2	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L054A	Vascular	0.54					1	
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
81		**End: Patient leaves office**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L054A	Vascular	0.54	4					
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
95			L037D	RN/LPN/MTA							
96		*QA Documentation*	L054A	Vascular		4					
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA							
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA							
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**CURRENT**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 18 Duplex Scan Arterial-Inflow Venous Outflow - Upper Extremity** **Specialty: Vascular Surgery, Interventional Radiology, Nephrology**				**G0365**		**93990**		**93986**	
3		***RUC Collaboration Website***				*Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)*		*Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)*		*Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* **Please do not modify formulas in gray shaded cells* **Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 164.51**	**$ -**	**$ 131.64**	**$ -**	**$ 125.39**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**76**	**0**	**61**	**0**	**63**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**3**	**0**	**3**	**0**	**3**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**65**	**0**	**58**	**0**	**60**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L054A	Vascular Technologist	0.54	**8**	**0**	**0**	**0**	**0**	**0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 6.51**	**$ -**	**$ 5.13**	**$ -**	**$ 6.24**	**$ -**
102	SA048	pack, minimum multi-specialty visit	2.1122	pack		1		1		1	
103	SB006	drape, non-sterile, sheet 40in x 60in	0.199	item		1		1		1	
104	SJ062	ultrasound transmission gel	0.0173	ml		30		30		30	
105	SK062	patient education booklet	1.8625	item		1		1		1	
106	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.9838	oz		0.34		0.34		0.34	
107	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.052	item		2		2		2	
108	SB005	cover-condom, transducer or ultrasound probe	1.3775	item		1					
109	SM021	sanitizing cloth-wipe (patient)	0.0452	item						2	
110	SK074	skin marking pen, fluorescent (Spotlighter)	1.02	item						1	
111											
112		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
114	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 119.12**	**$ -**	**$ 93.57**	**$ -**	**$ 85.13**	**$ -**
116	ED053	Professional PACS Workstation	14829.6153	Other Formula	0.058757846	20		14		12.5	
117	ED050	Technologist PACS workstation	5557	PACS	0.022017924	65		38		60	
118	EL016	room, ultrasound, vascular	466492	Highly Technical	1.767547121	65		52		47	
119	ED036	video printer, color (Sony medical grade)	2954.078		0.013729275	10					
120	ED034	video SVHS VCR (medical grade)	1250		0.004952745	65					
121	EF018	stretcher	3460.0053		0.009181908	65					
122	ED021	computer, desktop, w-monitor	2208.8333		0.008751831	65					
123											
124		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 18 Duplex Scan Arterial-Inflow Venous Outflow - Upper Extremity** **Specialty: Vascular Surgery, Interventional Radiology, Nephrology**	**93985**	
3		***RUC Collaboration Website***	*Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 218.39**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**104**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**101**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 56.16**	**$ -**
13		**PRE-SERVICE PERIOD**		
14		**Start: Following visit when decision for surgery or procedure made**		
15	CA001	Complete pre-service diagnostic and referral forms		
16	CA002	Coordinate pre-surgery services (including test results)		
17	CA003	Schedule space and equipment in facility		
18	CA004	Provide pre-service education/obtain consent		
19	CA005	Complete pre-procedure phone calls and prescription		
20	CA006	Confirm availability of prior images/studies	1	
21	CA007	Review patient clinical extant information and questionnaire	2	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		
29		**End: When patient enters office/facility for surgery/procedure**		
30		**SERVICE PERIOD**		
31		**Start: When patient enters office/facility for surgery/procedure:**		
32		**Pre-Service (of service period)**		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3	
34	CA010	Obtain vital signs	3	
35	CA011	Provide education/obtain consent	2	
36	CA012	Review requisition, assess for special needs		
37	CA013	Prepare room, equipment and supplies	4	
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	3	
41	CA017	Sedate/apply anesthesia		
48		**Intra-service (of service period)**		
49	CA018	Assist physician or other qualified healthcare professional---directly		
50	CA019	Assist physician or other qualified healthcare professional---directly		
51	CA020	Assist physician or other qualified healthcare professional---directly		
52	CA021	Perform procedure/service---NOT directly related to physician work time	76	
59		**Post-Service (of service period)**		
60	CA022	Monitor patient following procedure/service, multitasking 1:4		
61	CA023	Monitor patient following procedure/service, no multitasking		
62	CA024	Clean room/equipment by clinical staff	3	
63	CA025	Clean scope		
64	CA026	Clean surgical instrument package		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		
67	CA029	Check dressings, catheters, wounds		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	4	
69	CA031	Review examination with interpreting MD/DO	2	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1	
71	CA033	Perform regulatory mandated quality assurance activity (service period)		
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		
73	CA035	Review home care instructions, coordinate visits/prescriptions		
74	CA036	Discharge day management	**n/a**	
81		**End: Patient leaves office**		
82		**POST-SERVICE PERIOD**		
83		**Start: Patient leaves office/facility**		
84	CA037	Conduct patient communications		
85	CA038	Coordinate post-procedure services		
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**
95				
96		*QA Documentation*		
97		*Other activity: please include short clinical description here and type*		
98		*Other activity: please include short clinical description here and type*		
99		**End: with last office visit before end of global period**		

	A	B	O	P
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**	
2	**AtMeeting**	**Meeting Date: January 2019** **Tab: 18 Duplex Scan Arterial-Inflow Venous Outflow - Upper Extremity** **Specialty: Vascular Surgery, Interventional Radiology, Nephrology**	**93985**	
3		***RUC Collaboration Website***	*Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study*	
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*		
5		**LOCATION**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 218.39**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**104**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**3**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**101**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**
100	**Supply Code**	**MEDICAL SUPPLIES**		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 6.85**	**$ -**
102	SA048	pack, minimum multi-specialty visit	1	
103	SB006	drape, non-sterile, sheet 40in x 60in	1	
104	SJ062	ultrasound transmission gel	60	
105	SK062	patient education booklet	1	
106	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	0.34	
107	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	2	
108	SB005	cover-condom, transducer or ultrasound probe		
109	SM021	sanitizing cloth-wipe (patient)	4	
110	SK074	skin marking pen, fluorescent (Spotlighter)	1	
111				
112		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*		
114	**Equipment Code**	**EQUIPMENT**		
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 155.38**	**$ -**
116	ED053	Professional PACS Workstation	19.5	
117	ED050	Technologist PACS workstation	101	
118	EL016	room, ultrasound, vascular	86	
119	ED036	video printer, color (Sony medical grade)		
120	ED034	video SVHS VCR (medical grade)		
121	EF018	stretcher		
122	ED021	computer, desktop, w-monitor		
123				
124		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*		

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Myocardial Strain Imaging – Tab 18

At the September 2018 CPT Editorial Panel meeting, the Panel deleted one Category III code and created one new Category I add-on code 93356 to describe the work of myocardial strain imaging performed in supplement to transthoracic echocardiography services 93303, 93304, 93306, 93307, 93308, 93350, and 93351.

93356 ***Myocardial strain imaging using speckle-tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)***
The RUC reviewed the survey results from 84 physicians and agreed on the following provider time components: 9 minutes of intra-service time.

The RUC reviewed the survey 25th percentile work RVU of 0.24 and agreed that this value appropriately accounts for the physician work involved. To justify a work RVU of 0.24, the RUC compared the survey code to top key reference code 93320 *Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete* (work RVU= 0.38, intra-service time of 15 minutes) and noted that the survey code involves less time, though has a similar intensity of physician work, supporting the somewhat lower valuation. The RUC also compared the survey code to CPT code 75565 *Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)* (work RVU= 0.25, intra-service time of 10 minutes) and noted that both services involve a similar amount of time and a similar amount of physician work. Both codes comprise a similar type of physician work as both describe velocity flow mapping in addition to a separate cardiac imaging study. **The RUC recommends a work RVU of 0.24 for CPT code 93356.**

Practice Expense
The PE Subcommittee removed the stretcher (EF018). **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Cardiovascular** **Echocardiography** *Echocardiography includes obtaining ultrasonic signals from the heart and great vessels, with real time image and/or Doppler ultrasonic signal documentation, with interpretation and report. When interpretation is performed separately, use modifier 26.*				

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

A complete transthoracic echocardiogram without spectral…	
A complete transthoracic echocardiogram with spectral…	
A follow-up or limited echocardiographic study…	
In stress echocardiography, echocardiographic images…	
When a stress echocardiogram is performed…	
When left ventricular endocardial…	
Code 93355 is used to report transesophageal…	
A range of intracardiac therapies…	
See 93313 for separate reporting…	
Report of an echocardiographic…	
Use of ultrasound, without thorough evaluation of organ(s) or anatomic region, image documentation and final, written report, is not separately reportable.	
	(For fetal echocardiography, see 76825-76828)
93303	*Transthoracic echocardiography for congenital cardiac anomalies; complete*
93304	*follow-up or limited study*
93306	*Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography*
	(For transthoracic echocardiography without spectral and color Doppler, use 93307)
93307	*Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography*
	(Do not report 93307 in conjunction with 93320, 93321, 93325)
93308	*Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study*
93350	*Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;*
93351	*including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional*

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	(Do not report 93351 in conjunction with 93015-93018, 93350. Do not report 93351-26 in conjunction with 93016, 93018, 93350-26)			
✚●93356	Y1	Myocardial strain imaging using speckle-tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging) (Use 93356 in conjunction with 93303, 93304, 93306, 93307, 93308, 93350, 93351) (Report 93356 once per session)	ZZZ	0.24
Category III code				
~~**D**✚0399T~~	-	~~Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)~~ ~~(Use 0399T in conjunction with 93303, 93304, 93306, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93351, 93355)~~ ~~(Report 0399T once per session)~~ (0399T has been deleted. To report, use 93356)	XXX	N/A

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93356 Tracking Number Y1 Original Specialty Recommended RVU: **0.24**
Presented Recommended RVU: **0.24**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **0.24**

CPT Descriptor: Myocardial strain imaging using speckle tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)
(Use 93356 in conjunction with 93303, 93304, 93306, 93307, 93308, 93350, 93351)
(Report 93356 once per session)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old woman is receiving trastuzumab in treatment of HER2 positive breast cancer. She presents for an echocardiogram to exclude chemotherapy related cardiotoxicity. A complete echocardiogram is performed with myocardial strain imaging.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician reviews request for service to clarify the indications for the procedure and determine the clinical questions that need to be answered by the myocardial strain echo exam. Images of the acquired myocardial strain data are analyzed (static ± real time) on an appropriate software program to determine regional and global longitudinal, radial, and/or circumferential strain and/or strain rates. When available, these data are compared to previous studies. A report is dictated and the findings are reviewed in detail with the referring physician.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Richard Wright, MD; Michael Main, MD; Thad Waites, MD; Geoffrey Rose, MD; Edward Tuohy, MD		
Specialty Society(ies):	ACC, ASE		
CPT Code:	93356		
Sample Size:	982	**Resp N:** 88	**Response:** 8.9 %
Description of Sample:	500 random ASE members, 500 random ACC members who indicate echocardiography as a practice focus in their membership profiles		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	45.00	**100.00**	300.00	3600.00
Survey RVW:	0.08	0.24	**0.39**	0.51	3.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**9.00**	15.00	30.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93356	**Recommended Physician Work RVU: 0.24**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**9.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93320	ZZZ	0.38	**RUC Time**

CPT Descriptor Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93308	XXX	0.53	**RUC Time**

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95874	ZZZ	0.37	**RUC Time**	77,252

CPT Descriptor 1 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96411	ZZZ	0.20	**RUC Time**	181,074

CPT Descriptor 2 Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
75565	ZZZ	0.00	**RUC Time**

CPT Descriptor Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 34.0 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 93356	**Top Key Reference CPT Code:** 93320	**2nd Key Reference CPT Code:** **93308**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	9.00	15.00	10.00
Median Immediate Post-service Time	0.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**9.00**	**15.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	30%	57%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	33%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	20%	70%

Physical effort required	3%	59%	38%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	35%	35%	24%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	18%	35%	47%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	29%	71%
Physical effort required	6%	76%	18%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	47%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

New add-on code 93356 describes the work of myocardial strain imaging performed in supplement to transthoracic echocardiography services 93303, 93304, 93306, 93307, 93308, 93350, and 93351.

A joint RVS panel of ACC and ASE physicians familiar with the service reviewed survey data. The survey was completed by physicians who have experience with the service. The key reference service is 93320, a pulsed wave echocardiography add-on service. Respondents who selected the key reference service felt 93356 was somewhat more intense/complex as the key reference service, with measures trending toward the identical or more range. The times and RVUs for the surveyed code and the reference code also align well since respondents felt they strain was somewhat more intense/complex. The key reference service was selected by 34% of respondents.

The second KRS is 93308, a follow-up or limited transthoracic echocardiography. Respondents who selected the key reference service felt 93356 was more intense/complex as the key reference service, with measures trending toward the identical or more range. While 93308 is an XXX code, this comparison makes sense. Respondents would be familiar with the more commonly performed complete transthoracic echocardiography. 93308 would also be a code to which respondents may append 93356. The second key reference service was selected by 19% of respondents.

To further establish the current value within the cardiovascular family, we also compared 93356 to 75565, another add-on that describes velocity flow mapping in addition to a cardiac MRI. 75565 has almost identical time and RVUs.

The societies recommend the 25th-percentile RVW of 0.24 with no preservice time, 9 minutes intraservice time, and no postservice time. This value is supported by intensity comparison to the KRS, falls between the cited MPC codes, and aligns closely with additional comparator 75565.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 93356 could be billed with 93303, 93304, 93306, 93307, 93308, 93350, or 93351.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0399T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 600000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Twice the Medicare FFS estimate.

Specialty cardiology Frequency 600000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The CCA estimates myocardial strain will be used with about 4% of TTEs in FFS.

Specialty cardiology Frequency 300000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Echography/ultrasonography

BETOS Sub-classification Level II:
Heart

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93320

SS Rec Summary

ISSUE: Myocardial Strain Imaging

TAB: 18

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93320	Doppler echocardiography, puls	30	0.025			0.38			15						15			
2nd REF	93308	Echocardiography, transthoraci	17	0.031			0.53			20	5					10			5
CURRENT	0399T	Myocardial strain imaging (quar		#DIV/0!						0									
SVY	93356	Myocardial strain imaging using	84	0.043	0.08	0.24	0.39	0.51	3.50	9				2	5	9	15	30	
REC	93356	Myocardial strain imaging using		0.027			0.24			9						9			
MPC	95874	Needle electromyography for gu		0.019			0.37			20						20			
MPC	96411	Chemotherapy administration; i		0.033			0.20			7	3					4			
COMP	75565	Cardiac magnetic resonance ima		0.025			0.25			10						10			

CPT Code: 93356
Specialty Society ACC, ASE

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Myocardial strain imaging using speckle tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)

Global Period: ZZZ Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *93320 is another echo add-on service that has clinical and workflow parallels. It was selected as the KRS.*

3. Is this code(s) typically billed with an E/M service? *no*
   Is this code(s) typically billed with the E/M service in the nonfacility? *no*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *anticipate cardiology*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *unknown*
   Is the dominant provider in the nonfacility different then for the global? *unknown*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *Image acquisition, data processing, and reporting preliminary findings from 93320 is listed as CA018, 100% lined to physician time. However, those activities are better captured on the modern PE spreadsheet buy putting 12 minutes in CA021, procedure time not linked to physician time, then 2 minutes for CA031 to review exam with MD and 1 minutes for CA032 to scan exam into PACS.*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *N/A*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff acquires the myocardial strain echocardiographic images.*

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *A myocardial strain system equipment add-on is necessary to provide this service. A paid invoice is attached/forthcoming.*

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

ED0021: computer, desktop with monitor; default formula
EF018: stretcher; default formula
EL016: vascular ultrasound room; default formula
ED050: technologist PACS station; PACS formula
NEW: myocardial strain equipment package add-on; default formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

17. If there is any other item on your spreadsheet that needs further explanation please include here:

18. Please include an explanation of each line item:

Line 52: technologist acquires images
Line: 69: technologist reviews exam with interpreting MD/DO
Line 70: technologist scans images into PACS
Line 112: a desktop computer is used
Line 115: a stretcher is used
Line 116: the desktop and stretcher are used to acquire images in the vascular ultrasound room
Line 117: a PACS is used to acquire images, review the exam, and to store the images
Line 118: a myocardial strain equipment add-on package is necessary to provide this service

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**CPT Code 93320**		**CPT Code 93356**	
3		***RUC Collaboration Website***				Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for		Myocardial strain imaging using speckle tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 18** **Specialty: ACC, ASE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 43.21**	**$ -**	**$ 29.04**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**19.0**	**0.0**	**15.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**19.0**	**0.0**	**15.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 9.50**	**$ -**	**$ 7.50**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery or procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L050A	Cardiac	0.5	19			
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L050A	Cardiac	0.5			12	
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37				
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37				
69	CA031	Review examination with interpreting MD/DO	L050A	Cardiac	0.5			2	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L050A	Cardiac	0.5			1	
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**	
81		**End: Patient leaves office**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37				
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37				
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**CPT Code 93320**		**CPT Code 93356**	
3		***RUC Collaboration Website***				Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for		Myocardial strain imaging using speckle tracking derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 18** **Specialty: ACC, ASE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**							
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 43.21**	**$ -**	**$ 29.04**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**19.0**	**0.0**	**15.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**19.0**	**0.0**	**15.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L050A	Cardiac Sonographer	0.5	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**
102									
103									
104									
105									
106									
107									
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*							
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 33.71**	**$ -**	**$ 21.54**	**$ -**
112	ED0021	computer, desktop with monitor	2208.83	Default		14		12	
113	ED0034	Video SVHS, VCR (medical grate)				5			
114	ED0036	vidoe printer, color (Sony)				14			
115	EF018	stretcher	3460.0053	Default	0.009181908	14		0	
116	EL016	room, ultrasound, vascular	466492	Default	1.767547121	19		12	
117	ED050	Technologist PACS work station	5557	PACS	0.022017924			15	
118	NEW	myocardial strain add-on equipment package	69132.8	Default				12	
119									
120		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Self-Measured Blood Pressure Monitoring – Tab 19

In September 2018, the CPT Editorial Panel created two new codes and revised four codes to describe self-measured blood pressure monitoring and differentiate from ambulatory blood pressure monitoring.

99474 ***Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient***

The RUC reviewed the survey results from 33 physicians and determined that the survey 25th percentile work RVU of 0.18 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes evaluation pre-service time, 5 minutes intra-service time and 2 minutes immediate post-service time. The RUC noted that CPT code 99474 is a self-actuated monitor in which the patient reports typically two readings each day over a 30-day period that is forwarded to the physician for clinical decision making. CPT code 99474 is typically for a patient with known or expected hypertension in order to adjust hypertension medicine as necessary. The RUC noted that this service should not be reported separately with an Evaluation and Management (E/M service on the same day by the same provider. The RUC recommends referral to the CPT Editorial Panel to add introductory language to clarify.

The RUC compared the surveyed code to the top key reference code 93793 *Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed* (work RVU = 0.18 and 9 minutes total time) and determined that these services require the same physician work and almost the exact physician time to perform. The survey respondents indicated that this service requires identical to somewhat more technical skill, physical effort and psychological stress to perform than code 93793. For additional support, the RUC referenced MPC codes 99211 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU = 0.18 and 7 minutes total time) and 93042 *Rhythm ECG, 1-3 leads; interpretation and report only* (work RVU = 0.15 and 7 minutes total time), which bracket the surveyed code and establish the proper relativity among other similar services. **The RUC recommends a work RVU of 0.18 for CPT code 99474.**

93790 ***Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report***

The RUC reviewed the survey results from 31 physicians and determined that the current work RVU of 0.38 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes evaluation pre-service time, 7 minutes intra-service time and 7 minutes immediate post-service time. The RUC noted that CPT code 93790 is an auto-activated monitor provided by the physician's office. Many are ordered not by the provider of this service, but by the primary care physician, nephrologist or endocrinologist. CPT code 93784 is the professional only code for ambulatory blood pressure monitoring that is not actuated by the patient. The patient wears the monitor, which

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records blood pressure every 15-20 minutes throughout the 24-hour reporting period and those 60-80 readings are reviewed by the physician and the physician provides an interpretation and report.
The RUC compared the surveyed code to the top key reference code 93793 *Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed* (work RVU = 0.18 and 9 minutes total time) and 92213 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU = 0.97 and 23 minutes total time) and noted that these services largely bracket the physician work, time and intensity of the surveyed service. The RUC compared the surveyed code to similar services 93291 *Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis* (work RVU = 0.37, 7 minutes intra-service time and 17 minutes total time) and 96446 *Chemotherapy administration into the peritoneal cavity via indwelling port or catheter* (work RVU = 0.37, 7 minutes intra-service time and 17 minutes total time), noting that these services require similar physician work and time and maintain the appropriate relativity across the Medicare Physician Payment Schedule.

For additional support, the RUC referenced MPC code 92082 *Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)* (work RVU = 0.40 and 11 minutes total time). **The RUC recommends a work RVU of 0.38 for CPT code 93790.**

93784 *Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report*
CPT code 93784 is a comprehensive code that is the sum of CPT codes 93786, 93788, and 93790. The specialty societies surveyed CPT code 93790 to develop a work recommendation that could be crosswalked to CPT code 93784. CPT code 93784 is ambulatory blood pressure monitoring that is not actuated by the patient. The patient wears the monitor, which records blood pressure every 15-20 minutes throughout the 24-hour reporting period and those 60-80 readings are analyzed by the physician. The specialty societies recommend a work RVU of 0.38 for CPT code 93784, based on the survey of CPT code 93790. The specialty societies indicated and the RUC agreed that these two services should have identical work RVUs. **The RUC recommends a work RVU of 0.38 for CPT code 93784.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society.

New Technology/New Services
The RUC recommends that CPT code 99474 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

CPT Referral
The RUC recommends referral to the CPT Editorial Panel to add language that CPT code 99474 should not be reported separately with an Evaluation and Management (E/M) service on the same day by the same provider.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Non-Face-to-Face Services** ***Digitally Stored Data Services/Remote Physiologic Monitoring***				
Codes 99453 and 99454 are used to report remote physiologic monitoring services (eg weight, blood pressure, pulse oximetry) during a 30-day period. To report 99453 and 99454, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Code 99453 may be used to report the set-up and patient education on use of the device(s). Code 99454 may be used to report supply of the device for daily recording or programmed alert transmissions. Codes 99453, 99454 are not reported if monitoring is less than 16 days. Do not report 99453 and 99454 when these services are included in other codes for the duration of time of the physiologic monitoring service (eg, 95250 for continuous glucose requires a minimum of 72 hours of monitoring).				
Code 99091 should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.				
If the services described by 99091 are provided on the same day the patient presents for an Evaluation and Management (E/M) service, these services should be considered part of the E/M service and not separately reported.				
Do not report 99091 in the same calendar month as care plan oversight services (99374, 99375, 99377, 99378, 99379, 99380), home, domiciliary, or rest home care plan oversight services (99339, 99340), and remote physiologic monitoring services (99457). Do not report 99091 if other more specific codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.				
Code 99453 is reported for each episode of care. For coding remote monitoring of physiologic parameters, an episode of care is defined as beginning when the remote monitoring physiologic service is initiated, and ends with attainment of targeted treatment goals.				
99453		*Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment*		
		(Do not report 99453 more than once per episode of care)		
		(Do not report 99453 for monitoring of less than 16 days)		
99454		*device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days*		
		(For physiologic monitoring treatment management services, use 99457)		

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		(Do not report 99454 for monitoring of less than 16 days) *(Do not report 99453, 99454 in conjunction with codes for more specific physiologic parameters [eg, 93296, 94760])* (For self-measured blood pressure monitoring, see 99473, 99474)		
#▲*99091*		*Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days* *(Do not report 99091 in conjunction with 99457)* *(Do not report 99091 if it occurs within 30 days of 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99457)*		
●99473	BB1	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration (Do not report 99473 more than once per device) (For ambulatory blood pressure monitoring, see 93784, 93786, 93788, 93790)	XXX	0.00 (PE Only)
●99474	BB2	separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient (Do not report 99473, 99474 in the same calendar month as 93784, 93786, 93788, 93790, 99091, 99453, 99454, 99457, 99487, 99489, 99490, 994X7) (Do not report 99474 more than once per calendar month)	XXX	0.18

Evaluation and Management Services
Non-Face-to-Face Services
Remote Physiologic Monitoring Treatment Management Services

Remote physiologic monitoring treatment management services are provided when clinical staff/physician/other qualified health care professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician

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or other qualified health care professional. Use 99457 for time spent managing care when patients or the practice do not meet the requirements to report more specific services. Code 99457 may be reported during the same service period as chronic care management services (99487, 99489, 99490), transitional care management services (99495, 99496), and behavioral health integration services (99484, 99492, 99493, 99494). However, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month. Code 99457 may be reported during the same service period as chronic care management services (99487, 99489, 99490), transitional care management services (99495, 99496), and behavioral health integration services (99484, 99492, 99493, 99494). However, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month. Code 99457 requires a live, interactive communication with the patient/caregiver and 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month. Report 99491 one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.

Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (office or other outpatient services 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350). Do not count any time related to other reported services (eg, 93290).

99457 *Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month*

(Do not report 99457 in the same month as 99473, 99474)

(Report 99457 once each 30 days, regardless of the number of parameters monitored)

(Do not report 99457 in conjunction with 99091)

Medicine/Cardiovascular
Noninvasive Physiologic Studies and Procedures

▲93784	BB3	Ambulatory blood pressure monitoring, utilizing ~~a system such as magnetic tape and/or computer disk, for~~ report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report	XXX	0.38 (No Change)
▲93786	BB4	recording only	XXX	0.00 (PE Only)
▲93788	BB5	scanning analysis with report	XXX	0.00 (PE Only)

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▲93790	BB6	review with interpretation and report (For self-measured blood pressure monitoring, see 99473, 99474)	XXX	0.38 (No Change)

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December 18, 2018

Peter Smith, MD, Chair
AMA/RVS Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

RE: Tab 19, Self-Measured Blood Pressure Monitoring

Dear Dr. Smith:

At the September 2018 meeting, the CPT Editorial panel approved new codes describing self-measured blood pressure monitoring (SMBPM) services. Included with those changes were updates to existing ambulatory blood pressure monitoring (ABPM) codes that reflect modern technology.

99473 Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

99474 separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

93784 Ambulatory blood pressure monitoring, utilizing ~~a system such as magnetic tape and/or computer disk, for~~ report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report

93786 recording only

93788 scanning analysis with report

93790 review with interpretation and report

Codes 99473, 93786, and 93788 are practice-expense only codes. Codes 99474 and 93784 contain both work and practice expense. Code 93790 is a professional-only code.

Code 93784 is a composite code that is the sum of 93786, 93788, and 93790. Societies surveyed 93790 to develop a work recommendation. We are recommending the same work RVU for 93784, based on the survey of 93790. *These two services should have identical work RVU recommendations at the conclusion of the meeting.*

Thank you for the opportunity to explain this uncommon, but precedented, approach. We look forward to presenting these recommendations at the upcoming RUC meeting. Please contact James Vavricek at jvavricek@acc.org if you have any questions.

Sincerely,

Richard Wright, MD
ACC RUC Advisor

Audrey Chun, MD
AGS RUC Advisor

Mary Newman, MD
ACP RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99474 Tracking Number BB2 Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **0.18**

CPT Descriptor: Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with repeated office visit measurements of BP greater than normal/goal. Self-measured blood pressure is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician accesses and reviews the patient's medical record.

Description of Intra-Service Work: The physician reviews the clinical-staff developed data and report containing individual and mean systolic and diastolic blood pressures from the recording period. The physician provides instructions to the clinical staff regarding care plan information to be communicated to the patient.

Description of Post-Service Work: Document analysis and interpretation of results.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Richard Wright, MD; Audrey Chun, MD; Mary Newman, MD; Thad Waites, MD; Tanvir Hussain, MD		
Specialty Society(ies):	ACC, AGS, ACP		
CPT Code:	99474		
Sample Size:	1500	**Resp N:** 33	**Response:** 2.2 %
Description of Sample:	500 random members from each society		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	24.00	175.00
Survey RVW:	0.13	0.18	**0.45**	0.70	28.00
Pre-Service Evaluation Time:			**4.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	4.00	**5.00**	10.00	25.00

Immediate Post Service-Time:	**5.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99474	**Recommended Physician Work RVU: 0.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93793	XXX	0.18	**RUC Time**

CPT Descriptor Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	3,884,402

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93042	XXX	0.15	**RUC Time**	372,803

CPT Descriptor 2 Rhythm ECG, 1-3 leads; interpretation and report only

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 21.2 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 15.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 99474	**Top Key Reference CPT Code:** 93793	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	3.00	3.00	3.00
Median Intra-Service Time	5.00	4.00	15.00
Median Immediate Post-service Time	2.00	2.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**10.00**	**9.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	43%	57%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	29%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	57%	29%
Physical effort required	0%	86%	14%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	43%	43%	14%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	60%	0%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	60%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	60%	20%
Physical effort required	40%	40%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	60%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

New code 99474 was developed by the CPT Editorial Panel to be responsive to recent USPSTF recommendations regarding blood pressure diagnosis and management. Existing codes do not allow for reporting of self-measured BP monitoring, which the USPSTF supports as an effective hypertension diagnosis and management tool. 990X2 describes use of remote physiologic monitoring (RPM) devices that are used at least 16 days.

A joint RVS panel of multi-society physicians reviewed survey data. The survey was completed by physicians who have experience with the service. The key reference service is 93793 for anticoagulation management. The 21% of respondents who selected the key reference service felt 99474 was somewhat more intense/complex than the key reference service, with measures trending toward the identical or more range. The times and recommended RVUs for the surveyed code and the reference code also align well since respondents seemed to view these services fairly similarly.

The second KRS is 99213, a level-3 established patient visit. The 15% of respondents who selected the key reference service felt 99474 was more intense/complex than the key reference service, with measures trending toward the identical or less complex range. This is reasonable, and we would expect self-measured BP services to be less intense/complex than 99213.

In comparison to the KRS, societies felt survey respondents may have over-estimated preservice and postservice minutes, or struggled to divide the physician work into these separate time components. Use of the survey time results would result in a negative IWPUT. Therefore, in our recommendations, we propose to reduce these times by 1 minutes of preservice and 3 minutes of postservice to align with the KRS that has clinical similarities.

The societies recommend the 25th-percentile RVW of 0.18 with 3 minutes preservice time, 5 minutes intraservice time, and 2 minutes postservice time. This value is supported by intensity comparison to the KRS and falls between the cited MPC codes included in the SOR, 99211 and 93042.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) n/a

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty other How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 33000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Triple the Medicare estiamte below, assuming Medicare PFS estimate is a third of utilization.

Specialty cardiology Frequency 16500 Percentage 50.00 %

Specialty other Frequency 16500 Percentage 50.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Duplicating the combined utilization of 93784 and 93790, the existing ambulatory codes that include physician interpretation.

Specialty cardiology Frequency 5500 Percentage 50.00 %

Specialty other Frequency 5500 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93784

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93790 Tracking Number BB6 Original Specialty Recommended RVU: **0.38**
Presented Recommended RVU: **0.38**
Global Period: XXX Current Work RVU: **0.38** RUC Recommended RVU: **0.38**

CPT Descriptor: Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn for 24 hours or longer; review with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient has elevated blood pressure readings on several consecutive visits to her physician, but reports that blood pressures taken with her home blood pressure cuff or at the local drug store are consistently normal. The physician suspects white coat hypertension and refers the patient for ABPM.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician accesses and reviews the patient's medical record.

Description of Intra-Service Work: Scan the report for spurious values (e.g., blood pressure of 140/130). Analyze report in conjunction with patient’s medical history and in relationship to reported activities.

Description of Post-Service Work: Document analysis and interpretation of ABPM results in physician-generated report. Communicate results and recommendations to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Richard Wright, MD; Audrey Chun, MD; Mary Newman, MD; Thad Waites, MD; Tanvir Hussain, MD					
Specialty Society(ies):	ACC, AGS, ACP					
CPT Code:	93790					
Sample Size:	1500	**Resp N:**	31	**Response:** 2.0 %		
Description of Sample:	500 random members from each society					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**0.00**	5.00	54.00	
Survey RVW:	0.15	0.24	**0.48**	0.83	11.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	5.00	**7.00**	13.00	30.00	
Immediate Post Service-Time:	**8.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93790	**Recommended Physician Work RVU: 0.38**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93793	XXX	0.18	**RUC Time**

CPT Descriptor Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72114	XXX	0.32	**RUC Time**	98,229

CPT Descriptor 1 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92082	XXX	0.40	**RUC Time**	131,135

CPT Descriptor 2 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 19.3 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 19.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 93790	**Top Key Reference CPT Code:** 93793	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	3.00	3.00	3.00
Median Intra-Service Time	7.00	4.00	15.00
Median Immediate Post-service Time	7.00	2.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**17.00**	**9.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	17%	50%	33%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	17%	83%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	50%	33%
Physical effort required	0%	83%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	50%	17%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	50%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	66%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	83%	0%
Physical effort required	17%	66%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	33%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Existing code 93790 was updated by the CPT Editorial Panel to better reflect current technology in use for ambulatory BP monitoring as part of the CCA responding to recent USPSTF recommendations regarding blood pressure diagnosis and management. The USPSTF recommended SMBP and ABPM as effective hyptertension diagnosis and management tools.

A joint RVS panel of multi-society physicians reviewed survey data. The survey was completed by physicians who have experience with the service, but those were the minority. The median performance rate for the survey was 0. Data for those with and without experience is presented in the summary spreadsheet. The response data are not notably divergent. (The lack of familiarity with the service is not entirely surprising since Medicare and other payers only cover ABPM in limited circumstances where white coat hypertension is suspected.)

The key reference service is 93793 for anticoagulation management. The 19% of respondents who selected the key reference service felt 93790 was roughly identical in intensity/complexity to the key reference service. The times and recommended RVUs for the surveyed code and the reference code also align well in terms of intensity since respondents seemed to view these services fairly similarly.

The second KRS is 99213, a level-3 established patient visit. The 19% of respondents who selected the key reference service felt 99474 was roughly identical in intensity/complexity to the key reference service. This is reasonable, and we would expect ambulatory BP services to be less intense/complex than 99213.

The societies recommend the current RVU of 0.38 with 5 minutes preservice time, 7 minutes intraservice time, and 7 minutes postservice time. These recommendations include removal of 1 minutes of postservice from the survey, equaling the same 7 minutes postservice used for Holter monitor intperpretation code 93227 which we think should not have less postservice time than 93790. This value is supported by intensity comparison to the KRS and falls between the cited MPC codes included in the SOR, 72114 and 92082. It also accounts for the larger number of data points—typically 60-80 over the 24-hour recording period—in comparison to the prior SMBP code.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Rarely

Specialty internal medicine How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Triple the Medicare estimate below, assuming Medicare is a third of utilization.

Specialty cardiology Frequency 6000 Percentage 66.66 %

Specialty other Frequency 3000 Percentage 33.33 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,000
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on 2017 Medicare utilization data. Utilization has been consistently a bit under 3,000 in recent years.

Specialty cardiology Frequency 2000 Percentage 66.66 %

Specialty other Frequency 1000 Percentage 33.33 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93790

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Self-Measured BP Monitoring

TAB: 19

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93793	Anticoagulant management for a	7	0.017			0.18			9	3					4			2
2nd REF	99213	Office or other outpatient visit fo	5	0.053			0.97			23	3					15			5
CURRENT		No code		#DIV/0!						0									
SVY	99474	Self-measured blood pressure us	33	0.050	0.13	0.18	0.45	0.70	28.00	14	4			1	4	5	10	25	5
REC	99474	Self-measured blood pressure us		0.014			0.18			10	3					5			2
MPC	99211	Office or other outpatient visit fo		0.027			0.18			7						5			2
MPC	93042	Rhythm ECG, 1-3 leads; interpret		0.020			0.15			7	2					3			2

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	93793	Anticoagulant management for a	6	0.017			0.18			9	3					4			2
2nd REF	99213	Office or other outpatient visit fo	6	0.053			0.97			23	3					15			5
CURRENT	93790	Ambulatory blood pressure mon		0.025			0.38			15						15			
SVY	93790	Ambulatory blood pressure mon	31	0.027	0.15	0.24	0.48	0.83	11.00	20	5			1	5	7	13	30	8
SVY	93790	Performance rate=0	17	0.019	0.15	0.22	0.45	0.85	3.00	21	5			1	5	7	15	25	9
SVY	93790	Performance rate>0	14	0.035	0.17	0.28	0.49	0.80	11.00	18	4			3	5	7	12	30	7
REC	93790	Ambulatory blood pressure mon		0.022			0.38			17	3					7			7
MPC	72114	Radiologic examination, spine, l		0.051			0.32			8	1					5			2
MPC	92082	Visual field examination, unilate		0.042			0.40			11	3					8			

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
CURRENT	93784	Ambulatory blood pressure mon		0.025			0.38			15						15			
REC	93784	Ambulatory blood pressure mon		0.022			0.38			17	3					7			7

CPT Code: 99473-99474, 93784-93788
Specialty Society ACC, ACP, AGS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 93786 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *The current code is used as the reference.*

3. Is this code(s) typically billed with an E/M service? *No*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *Internal medicine*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *40%*
   Is the dominant provider in the nonfacility different then for the global? *No*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *The 4 minutes on line 26 is a odd carryover from migration to the new PE spreadsheet activities and we propose to eliminate those minutes. Instead, we recommend 3 minutes to greet the patient and 2 minutes to prepare the room/supplies/equipment for educating the patient on the ambulatory BP collection on line 53 so they can execute the recording. Clinical staff contact the patient one time after they leave the office to ensure patient compliance and usability on line 85.*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *The 4 minutes on line 26 is an odd carryover from migration to the new PE spreadsheet activities and we propose to eliminate those minutes. Instead, we recommend 3 minutes to greet the patient and 2 minutes to prepare the room/supplies/equipment for educating the patient on the ambulatory BP collection on line 53 so the patient can execute the recording.*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *N/A*

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff educate the patient on ambulatory BP data recording equipment and process.*

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EQ269 use of 1440 minutes is an "Other" formula. The ambulatory blood pressure monitor is worn for 24 hours, or 1440 minutes.

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

17. If there is any other item on your spreadsheet that needs further explanation please include here:

18. Please include an explanation of each line item:

Line 33: clinical staff greet and patient
Line 37: clinical staff prepare the room
Line 53: clinical staff educate the patient on the ambulatory BP data recording equipment and process
Line 85: clinical staff contact the patient one time after they leave the office to ensure patient compliance and usability
Line 113: EQ269 use of 1440 minutes is an "Other" formula. The ambulatory blood pressure monitor is worn for 24 hours, or 1440 minutes.

CPT Code: 99473-99474, 93784-93788
Specialty Society ACC, ACP, AGS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 93788 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *The current code is used as the reference.*

3. Is this code(s) typically billed with an E/M service? *No*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *Internal medicine*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *37%*
   Is the dominant provider in the nonfacility different then for the global? *No*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *Not directly related to physician work time, clinical staff download the data and create a staff report for e clinician to interpret on line 53.*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *The 10 minutes for patient communication on line 89 is an odd carryover from migration to the new PE spreadsheet. We recommend moving those 10 minutes to line 53 where the clinical staff will download the data and create a staff report for the clinician to interpret.*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *N/A*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff download the data and create a staff report for the clinician to interpret.*

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *EQ269 is used for the default formula to match clinical staff time of 10 minutes.*

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

17. If there is any other item on your spreadsheet that needs further explanation please include here:

18. Please include an explanation of each line item:

Line 53: clinical staff download the data and create a staff report for the clinician to interpret.
Line 113: EQ269 is used for the default formula to match clinical staff time of 10 minutes during which data download and report development occurs.

CPT Code: 99473-99474, 93784-93788
Specialty Society ACC, ACP, AGS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 93790 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *The current code is used as the reference.*

3. Is this code(s) typically billed with an E/M service? *No*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *cardiology*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *57%*
   Is the dominant provider in the nonfacility different then for the global? *No*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *Clinical staff communicate results and care plan information on line 85.*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *N/A*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: N/A*

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

17. If there is any other item on your spreadsheet that needs further explanation please include here:

18. Please include an explanation of each line item:

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 93784 Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *The current code is used as the reference. 93784 is the aggregate of the prior three codes that discretely report recording, scanning/analysis, and interpretation and report. Any changes we make to 93786, 93788, 93790 at the meeting will transfer to this code.*

3. Is this code(s) typically billed with an E/M service? *No*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *Cardiology*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *48%*
   Is the dominant provider in the nonfacility different then for the global? *No*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *N/A*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

18. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly*

related to physician work time or *Perform procedure/service---NOT directly related to physician work time: Clinical staff educate the patient on ambulatory BP data recording equipment and process. Clinical staff download the data and create a staff report for the clinician to interpret.*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

EQ269 use of 1450 minutes is an "Other" formula. The ambulatory blood pressure monitor is worn for 24 hours, or 1440 minutes. The monitor is also in use for 10 minutes when clinical staff communicate with the patient.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

18. Please include an explanation of each line item:

From code 93786:
Line 33: clinical staff greet and patient
Line 37: clinical staff prepare the room
Line 53: clinical staff educate the patient on the ambulatory BP data recording equipment and process
Line 85: clinical staff contact the patient one time after they leave the office to ensure patient compliance and usability
Line 113: EQ269 use of 1440 minutes is an "Other" formula. The ambulatory blood pressure monitor is worn for 24 hours, or 1440 minutes.

From code 93788:
Line 53: clinical staff download the data and create a staff report for the clinician to interpret.
Line 113: EQ269 is used for the default formula to match clinical staff time of 10 minutes during which data download and report development occurs.

CPT Code: 99473-99474, 93784-93788
Specialty Society ACC, ACP, AGS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99473 Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *93786 for training before initiation of ambulatory BP monitoring is also a PE-only service in which clinical staff train a patient to execute measurements at home.*

3. Is this code(s) typically billed with an E/M service? no
   Is this code(s) typically billed with the E/M service in the nonfacility? no
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *Anticipate cardiology or internal medicine.*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown.*
   Is the dominant provider in the nonfacility different then for the global? *Unknown.*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: C*linical staff time for training the patient is captured on line 53.*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *N/A*
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff educate and train the patient on the process of obtaining BP measurements, calibrate the device, and provide instructions for documenting data.*

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: automated sphygnomometer

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

17. If there is any other item on your spreadsheet that needs further explanation please include here: *It would be typical for the patient to purchase their own automated sphygmomanometer, therefore, that expense is not part of this submission. The AMA is working to create an online list of devices on the US market validated for clinical accuracy and are guideline recommended for upper arm devices.*

18. Please include an explanation of each line item:

Line 33: clinical staff greet the patient
Line 37: clinical staff prepare the room
Line 53: clinical staff educate and train the patient on the process of obtaining BP measurements, calibrate the device, and provide instructions for documenting data

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99474 Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *93788 for ambulatory BP scanning analysis and report includes time for clinical staff to collect and aggregate data for the physician, as will be necessary for 99474.*

3. Is this code(s) typically billed with an E/M service? *No*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *Anticipate cardiology or internal medicine*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown*
   Is the dominant provider in the nonfacility different then for the global? *Unknown*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *Clinical staff communicate results and care plan information after interpretation/report. This will typically involve a medication change that precipitates an additional metabolic panel that requires a second telephone call about those results to the patient.*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) *N/A*

The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff assess patient-compiled BP data and create a report for the clinician to interpret and use to develop a care plan.*

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

17. If there is any other item on your spreadsheet that needs further explanation please include here: *It would be typical for the patient to purchase their own automated sphygmomanometer, therefore, that expense is not part of this submission. The AMA is working to create an online list of devices on the US market validated for clinical accuracy and are guideline recommended for upper arm devices.*

18. Please include an explanation of each line item:

Line 53: clinical staff assess patient-compiled BP data and create a report for the clinician to interpret and use to develop a care plan.
Line 85: clinical staff communicate results and care plan information after interpretation/report. This will typically involve a medication change that precipitates an additional metabolic panel that requires a second telephone call about those results to the patient.

	A	B	C	D	E	F	K	L	M	N	O
1	**RUC Practice Expense Spreadsheet**							**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***						**93786**		**93786**	
3		***RUC Collaboration Website***						recording only		recording only	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 19 Specialty: ACC, AGS, ACP**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**						**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**						**$ 24.50**	**$ -**	**$ 18.80**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**37.0**	**0.0**	**26.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**4.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**18.0**	**0.0**	**23.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**15.0**	**0.0**	**3.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**						**$ 13.69**	**$ -**	**$ 9.62**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery or procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L037D	RN/LPN/MTA	0.37					
16	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37					
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L037D	RN/LPN/MTA	0.37					
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.37					
19	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	L037D	RN/LPN/MTA	0.37					
20	CA006	Confirm availability of prior images/studies	Standard time for this activity is 2 minutes.	L037D	RN/LPN/MTA	0.37					
21	CA007	Review patient clinical extant information and questionnaire	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37					
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	0	L037D	RN/LPN/MTA	0.37		4			
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	Standard time for this activity is 3 minutes.	L037D	RN/LPN/MTA	0.37				3	
34	CA010	Obtain vital signs	Vital Sign Standards	L037D	RN/LPN/MTA	0.37					
35	CA011	Provide education/obtain consent	Include only the additional education/consent	L037D	RN/LPN/MTA	0.37					
36	CA012	Review requisition, assess for special needs	0	L037D	RN/LPN/MTA	0.37					
37	CA013	Prepare room, equipment and supplies	2 minute standard	L037D	RN/LPN/MTA	0.37				2	
38	CA014	Confirm order, protocol exam	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37					
39	CA015	Setup scope (nonfacility setting only)	5 minutes standard for scope set up in the	L037D	RN/LPN/MTA	0.37					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard	L037D	RN/LPN/MTA	0.37					
41	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA	L037D	RN/LPN/MTA	0.37					
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other qualified	L051A	RN	0.51					
50	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other qualified	L037D	RN/LPN/MTA	0.37					
51	CA019	Assist physician or other qualified healthcare professional---directly	67% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					
52	CA020	Assist physician or other qualified healthcare professional---directly	other% of physician or other qualified	L037D	RN/LPN/MTA	0.37					
53	CA021	Perform procedure/service---NOT directly related to physician work time	0	L037D	RN/LPN/MTA	0.37		18		18	
60		**Post-Service (of service period)**									
61	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, the	L037D	RN/LPN/MTA	0.37					
62	CA023	Monitor patient following procedure/service, no multitasking	0	L037D	RN/LPN/MTA	0.37					
63	CA024	Clean room/equipment by clinical staff	3 minute standard	L037D	RN/LPN/MTA	0.37					
64	CA025	Clean scope	Standards For Scope Cleaning	L037D	RN/LPN/MTA	0.37					
65	CA026	Clean surgical instrument package	Standard for cleaning instruments	L037D	RN/LPN/MTA	0.37					
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	0	L037D	RN/LPN/MTA	0.37					
67	CA028	Review/read post-procedure x-ray, lab and pathology reports	0	L037D	RN/LPN/MTA	0.37					
68	CA029	Check dressings, catheters, wounds	Standard time for this activity is 1 minute.	L037D	RN/LPN/MTA	0.37					
69	CA030	Technologist QC's images in PACS, checking for all images, reformats,	Baseline time for this activity is 2 minute. For	L037D	RN/LPN/MTA	0.37					
70	CA031	Review examination with interpreting MD/DO	Standard time for this activity is 2 minute. For	L037D	RN/LPN/MTA	0.37					
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to	Standard time for this activity is 1 minute. For	L037D	RN/LPN/MTA	0.37					
72	CA033	Perform regulatory mandated quality assurance activity (service period)	0	L037D	RN/LPN/MTA	0.37					
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	0	L037D	RN/LPN/MTA	0.37					
74	CA035	Review home care instructions, coordinate visits/prescriptions	Standard time for this activity is 2 minutes.	L037D	RN/LPN/MTA	0.37					
75	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter	L037D	RN/LPN/MTA	0.37		**n/a**		**n/a**	

	A	B	C	D	E	F	K	L	M	N	O
1	RUC Practice Expense Spreadsheet							CURRENT		RECOMMENDED	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***						93786		93786	
3		***RUC Collaboration Website***						recording only		recording only	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 19 Specialty: ACC, AGS, ACP**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**						**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**						**$ 24.50**	**$ -**	**$ 18.80**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**37.0**	**0.0**	**26.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**4.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**18.0**	**0.0**	**23.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.37		**15.0**	**0.0**	**3.0**	**0.0**
82		**End: Patient leaves office**									
83		**POST-SERVICE PERIOD**									
84		**Start: Patient leaves office/facility**									
85	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute	L037D	RN/LPN/MTA	0.37		15		3	
86	CA038	Coordinate post-procedure services	0	L037D	RN/LPN/MTA	0.37					
93	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.37		**0.0**	**0.0**	**0.0**	**0.0**
100		**End: with last office visit before end of global period**									
101	**Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**						
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**						**$ 1.64**	**$ -**	**$ -**	**$ -**
103	SK095	battery, AA		0.545	item			3			
104											
105											
106											
107											
108											
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
111	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**						**$ 9.18**	**$ -**	**$ 9.18**	**$ -**
113	EQ269	blood pressure monitor, ambulatory, w-battery charger		1608.74	Other Formula	0.006374144		1440		1440	
114					Default						
115											
116											
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	R	S	T	U	V	Y	Z	AA	AB	AC
1	**RUC Practice Expense Spreadsheet**			**CURRENT**		**RECOMMENDED**			**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***		**93788**		**93788**			**93790**		**93790**	
3		***RUC Collaboration Website***		scanning analysis with report		scanning analysis with report			review with interpretation and report		review with interpretation and report	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 19 Specialty: ACC, AGS, ACP**										
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		**$ 3.76**	**$ -**	**$ 3.76**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**10.0**	**0.0**	**10.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**0.0**	**0.0**	**10.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**10.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		**$ 3.70**	**$ -**	**$ 3.70**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**										
14		**Start: Following visit when decision for surgery or procedure made**										
15	CA001	Complete pre-service diagnostic and referral forms										
16	CA002	Coordinate pre-surgery services (including test results)										
17	CA003	Schedule space and equipment in facility										
18	CA004	Provide pre-service education/obtain consent										
19	CA005	Complete pre-procedure phone calls and prescription										
20	CA006	Confirm availability of prior images/studies										
21	CA007	Review patient clinical extant information and questionnaire										
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)										
29		**End: When patient enters office/facility for surgery/procedure**										
30		**SERVICE PERIOD**										
31		**Start: When patient enters office/facility for surgery/procedure:**										
32		**Pre-Service (of service period)**										
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are										
34	CA010	Obtain vital signs										
35	CA011	Provide education/obtain consent										
36	CA012	Review requisition, assess for special needs										
37	CA013	Prepare room, equipment and supplies										
38	CA014	Confirm order, protocol exam										
39	CA015	Setup scope (nonfacility setting only)										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
41	CA017	Sedate/apply anesthesia										
48		**Intra-service (of service period)**										
49	CA018	Assist physician or other qualified healthcare professional---directly										
50	CA018	Assist physician or other qualified healthcare professional---directly										
51	CA019	Assist physician or other qualified healthcare professional---directly										
52	CA020	Assist physician or other qualified healthcare professional---directly										
53	CA021	Perform procedure/service---NOT directly related to physician work time				10						
60		**Post-Service (of service period)**										
61	CA022	Monitor patient following procedure/service, multitasking 1:4										
62	CA023	Monitor patient following procedure/service, no multitasking										
63	CA024	Clean room/equipment by clinical staff										
64	CA025	Clean scope										
65	CA026	Clean surgical instrument package										
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions										
67	CA028	Review/read post-procedure x-ray, lab and pathology reports										
68	CA029	Check dressings, catheters, wounds										
69	CA030	Technologist QC's images in PACS, checking for all images, reformats,										
70	CA031	Review examination with interpreting MD/DO										
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to										
72	CA033	Perform regulatory mandated quality assurance activity (service period)										
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,										
74	CA035	Review home care instructions, coordinate visits/prescriptions										
75	CA036	Discharge day management		**n/a**		**n/a**			**n/a**		**n/a**	

	A	B	R	S	T	U	V	Y	Z	AA	AB	AC
1	**RUC Practice Expense Spreadsheet**			**CURRENT**		**RECOMMENDED**			**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***		**93788**		**93788**			**93790**		**93790**	
3		***RUC Collaboration Website***		scanning analysis with report		scanning analysis with report			review with interpretation and report		review with interpretation and report	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 19 Specialty: ACC, AGS, ACP**										
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		**$ 3.76**	**$ -**	**$ 3.76**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**10.0**	**0.0**	**10.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**0.0**	**0.0**	**10.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**10.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
82		**End: Patient leaves office**										
83		**POST-SERVICE PERIOD**										
84		**Start: Patient leaves office/facility**										
85	CA037	Conduct patient communications		10								
86	CA038	Coordinate post-procedure services										
93	CA039	Post-operative visits (total time)		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
100		**End: with last office visit before end of global period**										
101	**Supply Code**	**MEDICAL SUPPLIES**										
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**		**$ -**	**$ -**	**$ -**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
103	SK095	battery, AA										
104												
105												
106												
107												
108												
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
111	**Equipment Code**	**EQUIPMENT**										
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**		**$ 0.06**	**$ -**	**$ 0.06**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
113	EQ269	blood pressure monitor, ambulatory, w-battery charger		10		10						
114												
115												
116												
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										

	A	B	A	AE	AF	AG	AH	A	AJ	AK	AN	AO	A	AQ	AR	AU	AV
1	**RUC Practice Expense Spreadsheet**			**CURRENT**		**RECOMMENDED**			**REFERENCE CODE**		**RECOMMENDED**			**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***		**93784**		**93784**			**93786**		**99473**			**93788**		**99474**	
3		***RUC Collaboration Website***		Ambulatory blood pressure monitoring, utilizing a system such as magnetic		Ambulatory blood pressure monitoring, utilizing report-generating software,			recording only		Self-measured blood pressure using a device validated for clinical accuracy;			scanning analysis with report		Self-measured blood pressure using a device validated for clinical accuracy;	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 19 Specialty: ACC, AGS, ACP**															
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**															
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		**$ 28.27**	**$ -**	**$ 22.56**	**$ -**		**$ 18.80**	**$ -**	**$ 8.51**	**$ -**		**$ 3.76**	**$ -**	**$ 5.92**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**47.0**	**0.0**	**36.0**	**0.0**		**26.0**	**0.0**	**23.0**	**0.0**		**10.0**	**0.0**	**16.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		**4.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		**18.0**	**0.0**	**33.0**	**0.0**		**23.0**	**0.0**	**23.0**	**0.0**		**10.0**	**0.0**	**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		**25.0**	**0.0**	**3.0**	**0.0**		**3.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**6.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		**$ 17.39**	**$ -**	**$ 13.32**	**$ -**		**$ 9.62**	**$ -**	**$ 8.51**	**$ -**		**$ 3.70**	**$ -**	**$ 5.92**	**$ -**
13		**PRE-SERVICE PERIOD**															
14		**Start: Following visit when decision for surgery or procedure made**															
15	CA001	Complete pre-service diagnostic and referral forms															
16	CA002	Coordinate pre-surgery services (including test results)															
17	CA003	Schedule space and equipment in facility															
18	CA004	Provide pre-service education/obtain consent															
19	CA005	Complete pre-procedure phone calls and prescription															
20	CA006	Confirm availability of prior images/studies															
21	CA007	Review patient clinical extant information and questionnaire															
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		4													
29		**End: When patient enters office/facility for surgery/procedure**															
30		**SERVICE PERIOD**															
31		**Start: When patient enters office/facility for surgery/procedure:**															
32		**Pre-Service (of service period)**															
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are				3			3		3						
34	CA010	Obtain vital signs															
35	CA011	Provide education/obtain consent															
36	CA012	Review requisition, assess for special needs															
37	CA013	Prepare room, equipment and supplies				2			2		2						
38	CA014	Confirm order, protocol exam															
39	CA015	Setup scope (nonfacility setting only)															
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient															
41	CA017	Sedate/apply anesthesia															
48		**Intra-service (of service period)**															
49	CA018	Assist physician or other qualified healthcare professional---directly															
50	CA018	Assist physician or other qualified healthcare professional---directly															
51	CA019	Assist physician or other qualified healthcare professional---directly															
52	CA020	Assist physician or other qualified healthcare professional---directly															
53	CA021	Perform procedure/service---NOT directly related to physician work time		18		28			18		18			10		10	
60		**Post-Service (of service period)**															
61	CA022	Monitor patient following procedure/service, multitasking 1:4															
62	CA023	Monitor patient following procedure/service, no multitasking															
63	CA024	Clean room/equipment by clinical staff															
64	CA025	Clean scope															
65	CA026	Clean surgical instrument package															
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions															
67	CA028	Review/read post-procedure x-ray, lab and pathology reports															
68	CA029	Check dressings, catheters, wounds															
69	CA030	Technologist QC's images in PACS, checking for all images, reformats,															
70	CA031	Review examination with interpreting MD/DO															
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to															
72	CA033	Perform regulatory mandated quality assurance activity (service period)															
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,															
74	CA035	Review home care instructions, coordinate visits/prescriptions															
75	CA036	Discharge day management		**n/a**		**n/a**			**n/a**		**n/a**			**n/a**		**n/a**	

	A	B		AE	AF	AG	AH		AJ	AK	AN	AO		AQ	AR	AU	AV
1	RUC Practice Expense Spreadsheet			CURRENT		RECOMMENDED			REFERENCE CODE		RECOMMENDED			REFERENCE CODE		RECOMMENDED	
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.		93784		93784			93786		99473			93788		99474	
3		***RUC Collaboration Website***		Ambulatory blood pressure monitoring, utilizing a system such as magnetic		Ambulatory blood pressure monitoring, utilizing report-generating software,			recording only		Self-measured blood pressure using a device validated for clinical accuracy;			scanning analysis with report		Self-measured blood pressure using a device validated for clinical accuracy;	
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 19 Specialty: ACC, AGS, ACP															
5		LOCATION		Non Fac	Facility	Non Fac	Facility		Non Fac	Facility	Non Fac	Facility		Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD															
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME		$ 28.27	$ -	$ 22.56	$ -		$ 18.80	$ -	$ 8.51	$ -		$ 3.76	$ -	$ 5.92	$ -
8		TOTAL CLINICAL STAFF TIME		47.0	0.0	36.0	0.0		26.0	0.0	23.0	0.0		10.0	0.0	16.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME		4.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		18.0	0.0	33.0	0.0		23.0	0.0	23.0	0.0		10.0	0.0	10.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME		25.0	0.0	3.0	0.0		3.0	0.0	0.0	0.0		0.0	0.0	6.0	0.0
82		End: Patient leaves office															
83		POST-SERVICE PERIOD															
84		Start: Patient leaves office/facility															
85	CA037	Conduct patient communications		25		3			3							6	
86	CA038	Coordinate post-procedure services															
93	CA039	Post-operative visits (total time)		0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0
100		End: with last office visit before end of global period															
101	Supply Code	MEDICAL SUPPLIES															
102		TOTAL COST OF SUPPLY QUANTITY x PRICE		$ 1.64	$ -	$ -	$ -		$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
103	SK095	battery, AA		3													
104																	
105																	
106																	
107																	
108																	
109		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*															
111	Equipment Code	EQUIPMENT															
112		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE		$ 9.24	$ -	$ 9.24	$ -		$ 9.18	$ -	$ -	$ -		$ 0.06	$ -	$ -	$ -
113	EQ269	blood pressure monitor, ambulatory, w-battery charger		1450		1450			1440					10			
114																	
115																	
116																	
117		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*															

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Chronic Care Remote Physiologic Monitoring – Tab 20

In September 2018, the CPT Editorial Panel revised CPT code 99457 and created a new code to describe remote physiologic monitoring treatment management services to differentiate between the first 20 minutes of management time from each additional 20 minutes.

99457 ***Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes***
CPT code 99457 was reviewed in January 2018 and the work RVU of 0.61 was recently finalized for the CY 2019. The RUC noted that the code was editorially revised to state "first 20 minutes" instead of "20 minutes or more". CMS approved the RUC recommended time of 20 minutes for CPT code 99457 for CY 2019. **The RUC affirmed the work RVU of 0.61 for CPT code 99457.**

99458 ***Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 31 physicians and recommends a work RVU of 0.61, a crosswalk to base code 99457. The RUC noted that the recommended work RVU falls in between the survey 25th percentile (0.50) and median (0.70). The RUC recommends 20 minutes of intra-service time. The RUC questioned why the physician work is the same for the first 20 minutes and each additional 20 minutes. The specialty societies indicated that if the patient requires more than the first 20 minutes of remote physiological monitoring treatment management, then this patient is part of a subgroup of patients that need more care and extra attention. These patients have fluctuating physiologic parameters. For example, if patients with pressure monitors data are completely consistent, then less physician work is required, but if there are great fluctuations as in code 99458, the physician will need to need to provide more work analyzing and addressing these differences with medication modifications or other adjustments.

The RUC compared CPT code 99458 to the top key reference service 99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month…* (work RVU = 0.61 and 23 minutes total time) and noted that these services required the same physician work and similar time to perform, and are appropriately valued the same. The typical patient receiving 99458 has a chronic disease, specifically, heart failure and has a chronic heart failure management device at home to prevent hospitalization. Thus, CPT code 99458 is similar to the chronic care management code 99490. Additionally, both CPT codes 99490 and 99458 include physician time and clinical staff time. For additional support, the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report* (work RVU = 0.70 and 20 minutes total time), which requires similar work and the same total time.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CMS questioned if the RUC was aware of any other add-on codes with the same value as the base code. The RUC notes that the comparison of base codes to add-on codes in this manner is not straightforward because typically a base code will include pre- and post-service time and the add-on codes typically include only intra-service time. The base code accounts for more minutes than the add-on service, therefore, the work RVUs are not expected to be the same. Whereas, with codes 99457 and 99458, the intra-service time and total times are the same for both the base code and add-on code. However, there are multiple codes in the Medicare Physician Payment Schedule where this occurs. One example where the services are the same are 99487 *Complex chronic care management services…; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month* (work RVU = 1.00 and 26 minutes intra-service/total time) and add-on code 99489 *Complex chronic care management services…; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure*) (work RVU = 0.50 and 13 minutes intra-service/total time). If you multiply the work RVU of code 99489 (0.50 x 2 = 1.00) to account for double the intra-service time (26 and 13 minutes respectively), the work RVUs are the same at 1.00.

Another example is CPT codes 99497 *Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate* (work RVU = 1.50, 5 minutes pre-service time, 30 minutes intra-service time and 10 minutes post-service time) and 99498 *Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)* (work RUV = 1.40 and 30 minutes intra-service time). The physician work is essentially the same, 1.50 and 1.40 comparatively, once you account for the differences in pre- and post-service time.

Since CPT codes 99457 and 99458 require the same physician time, the RUC concluded that it is appropriate that both are valued the same at 0.61 work RVUs. **The RUC recommends a work RVU of 0.61 for CPT code 99458.**

Practice Expense

The PE Subcommittee noted that when CPT code 99457 was reviewed last year, the societies conducted a clinical staff survey that yielded 30 minutes of independent clinical staff time under clinical activity CA037 for the base code that specifies 20 minutes minimum. The PE Subcommittee determined that the appropriate total conglomerate clinical staff time between the base and add on code is 40 minutes for CPT code 99458. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology/New Services

The RUC noted that CPT code 99457 was new for 2019 and placed on the new technology list and was scheduled for review in 2022. The RUC recommends that 99457 be pushed back a year to be reviewed with 99458 in 2023. Otherwise, these two services would have been re-examined in different cycles. The RUC recommends that CPT codes 99457 and 99458 be placed on the new technology list and be re-reviewed by the RUC in three years (2023) to ensure correct valuation and utilization assumptions.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Non-Face-to-Face Services** **Remote Physiologic Monitoring Treatment Management Services** *Remote physiologic monitoring treatment management services are provided when clinical staff/physician/other qualified health care professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional.* Do not ~~*U*~~use *99457* and 99458 for time ~~*spent managing care when patients or the practice do not*~~ that ~~*meet the requirements to*~~ can be *report*ed using *more specific* monitoring *services*~~.~~ (eg, for the patient that requires reevaluation of medication regimen and/or changes in treatment). *Codes 99457* and 99458 *may be reported during the same service period as chronic care management services (99487, 99489, 99490), transitional care management services (99495, 99496), and behavioral health integration services (99484, 99492, 99493, 99494);*~~. H~~*however, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month.* *Codes 99457* and 99458 *require*~~s~~ *a live, interactive communication with the patient/caregiver*. For the first 20 minutes ~~*and* 20 minutes or more~~ *of clinical staff/physician/other qualified health care professional time in a calendar month* report 99457, and report 99458 for each additional 20 minutes. Do not report services of less than 20 minutes. *Report 99457 one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.* *Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (office or other outpatient services 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350,* inpatient services 99221, 99222, 99223, 99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255). *Do not count any time related to other reported services (eg, 93290,93793,*99291, 99292*).*			
▲99457	CC1	Remote physiologic monitoring treatment management services, ~~20 minutes for more of~~ clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes (Report 99457 once each 30 days, regardless of the number of parameters monitored) (Do not report 99457 in conjunction with 99091, 93264)	XXX	0.61 (No Change) (Affirmed January 2018 RUC Recommendation)

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		(Do not report 99457 for services of less than 20 minutes) (Do not report 99457, 99458 in conjunction with 95249, 95250, 99291, 99292)		
✚ ● 99458	CC2	each additional 20 minutes (List separately in addition to code for primary procedure) (Use 99458 in conjunction with 99457) (Do not report 99458 for services of less than 20 minutes) (Report 99458 when there is a reevaluation of medication regimen and/or changes in treatment [ie, medication changes, therapeutic services] during the additional 20 minutes of service time. Report only 99457 if you have not completed 20 minutes of additional treatment regardless of time spent)	ZZZ	0.61

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December 18, 2018

Peter Smith, MD, Chair
AMA/RVS Update Committee
American Medical Association
330 N. Wabash Ave.
Chicago, IL 60611

RE: Tab 21, Remote Physiologic Monitoring

Dear Dr. Smith:

At the September 2018 meeting, the CPT Editorial panel approved changes to the family of codes describing remote physiologic monitoring services.

- 99547 Remote physiologic monitoring treatment management services, ~~20 minutes or more of~~ clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

- 99458 each additional 20 minutes (List separately in addition to code for primary procedure)

99547 is a new code for CPT® 2019 that was presented to the RUC at the January 2018 meeting. No change in the physician work for this code occurred—it has not yet been deployed as of the January 2019 RUC submission deadline—and societies did not believe resurvey was necessary. The societies therefor recommend that the RUC affirm the work RVU (0.61) and PE inputs for 99547 at the January 2019 meeting where recommendations will be presented for new, add-on code 99458.

Thank you for your consideration of this request. We look forward to presenting these recommendations at the upcoming RUC meeting. Please contact James Vavricek at jvavricek@acc.org if you have any questions.

Sincerely,

Richard Wright, MD
ACC RUC Advisor

Audrey Chun, MD
AGS RUC Advisor

Mary Newman, MD
ACP RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99458 Tracking Number CC2 Original Specialty Recommended RVU: **0.61**
Presented Recommended RVU: **0.61**
Global Period: ZZZ Current Work RVU: RUC Recommended RVU: **0.61**

CPT Descriptor: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 82-year-old female with systolic dysfunction heart failure is enrolled in a heart failure management program that uses remote physiologic monitoring services. During the course of monitoring, adjustments in therapy and continued monitoring and evaluation are required. This is an add-on code: This represents the services performed after 20 minutes of time reported with 99457.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Based on interpreted data, the physician or other qualified health care professional uses medical decision making to assess patient's clinical stability, communicates the results to the patient, and oversees the management and/or coordination of services, as needed, for all medical conditions.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Richard Wright, MD; Audrey Chun, MD; Mary Newman, MD; Thad Waites, MD; Tanvir Hussain, MD		
Specialty Society(ies):	ACC, AGS, ACP		
CPT Code:	99458		
Sample Size:	1500	**Resp N:** 31	**Response:** 2.0 %
Description of Sample:	500 random members from each society		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**12.00**	30.00	400.00
Survey RVW:	0.19	0.50	**0.70**	1.03	95.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	11.00	**20.00**	30.00	80.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	99458	**Recommended Physician Work RVU: 0.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99490	XXX	0.61	**RUC Time**

CPT Descriptor Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	12,807,980

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	85,342

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 38.7 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 29.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 99458	**Top Key Reference CPT Code:** 99490	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	0.00	0.00	3.00
Median Intra-Service Time	20.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**15.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	70%	20%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	50%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	30%	70%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	67%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	67%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	45%	44%
Physical effort required	33%	33%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	33%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

New code 99458 was created by the CPT Editorial Panel to enhance its initial foray into remote physiological monitoring by describing additional units of service in 20-minute increments. 2019 code 99457 for the first 20 minutes is just now being implemented.

A joint RVS panel of multi-society physicians reviewed survey data. The survey was completed by physicians who have experience with the service. The key reference service is 99490 for chronic care management. The KRS was selected by 39% of respondents. These respondents mostly indicated 99458 to be similar to somewhat more intense/complex. The second KRS is 99213, a level-3 office visit. 29% of respondents selected this reference service. These respondents mostly indicated 99458 to be similar to somewhat more intense/complex.

Since new code 99457 was only recently published in the 2019 CPT book for the first time, societies did not believe it was necessary to survey for a second time a code that had never been deployed when the RUC and CMS were both comfortable with the values resulting from the January 2018 RUC meeting for 20 minutes of remote physiologic monitoring. Survey results for new code 99458 again indicate 20 minutes of work time, with the survey 25th and median work RVUs bracketing the value of 99457 at 0.61. The RVS panel felt additional 20-minute increments of remote physiologic monitoring would be the same work as the initial 20 minutes. **Therefore, we recommend a crosswalk to the same work RVU of 0.61 currently assigned to 99457, with the same 20 minutes of intraserivce time from the survey.** (The 0.61 for 99457 was the survey 25th-percentile value and is also identical to chronic care management code 99490.) This value falls between the survey 25th-percentile value of 0.50 and the median of 0.70. Comparisons to MPC codes 99212 for a level-2 office visit and 95251 for ambulatory continuous glucose monitoring bracket this recommendation and more closely approximate intensity than reference services.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty internal medicine How often? Commonly

Specialty geriatrics How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 240000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This service could be performed 2-3 times as often in the total pouplation as in the Medicare FFS popoulation

Specialty cardiology Frequency 120000 Percentage 50.00 %

Specialty geriatrics Frequency 60000 Percentage 25.00 %

Specialty internal medicine Frequency 60000 Percentage 25.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 80,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The panel expects as many as a third of patients monitored remotely to require an additional 20 minutes of management time. The estimate for utilizaiton of 99457 is just over 240000, so this is a third of that.

Specialty cardiology Frequency 40000 Percentage 50.00 %

Specialty geriatrics Frequency 20000 Percentage 25.00 %

Specialty internal medicine Frequency 20000 Percentage 25.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99457

SS Rec Summary

ISSUE: Remote Physiologic Monitoring

TAB: 20

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
1st REF	99490	Chronic care management servi	12	0.041			0.61			15						15			
2nd REF	99213	Office or other outpatient visit fo	9	0.053			0.97			23	3					15			5
CURRENT				#DIV/0!						0									
SVY	99458	Remote physiologic monitoring	31	0.035	0.19	0.50	0.70	1.03	95.00	20				3	11	20	30	80	
REC	99458	Remote physiologic monitoring		0.031			0.61			20						20			
MPC	99212	Office or other outpatient visit fo		0.035			0.48			16	2					10			4
MPC	95251	Ambulatory continuous glucose		0.039			0.70			20	2					15			3

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST
CURRENT	99457	Remote physiologic monitoring		0.031			0.61			20						20			

CPT Code: 99458
Specialty Society ACC, ACP, AGS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

99458 Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes

Global Period: ZZZ Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The multispecialty RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *99457 is the base code for 99458. Both describe the same service in 20-minute increments, but 99458 is for additional increments of 20 minutes.*

3. Is this code(s) typically billed with an E/M service? *No.*
   Is this code(s) typically billed with the E/M service in the nonfacility? *No.*
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? *Unknown, but expect cardiology.*
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Typically.*
   Is the dominant provider in the nonfacility different then for the global? *Unknown.*
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time. *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code) 0
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: *N/A*

1. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 2.5 times a week to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: *N/A*

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: *N/A*

16. If there is any other item on your spreadsheet that needs further explanation please include here: *N/A*

17. Please include an explanation of each line item:

40 minutes of clinical staff time was captured during survey of 99457 for the January 2018 meeting using a modified survey tool. Those inputs are carried forward for the add-on code at the January 2019 meeting.

CA021: 10 minutes for aggregation of data/reports and communication with the physician.

CA037: 30 minutes for patient communications, based on an estimate of 2.5 calls per week at the standard 3 minutes per call.

	A	B	D	E	F	N	O	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**			**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**99457**		**99458**			**99457 AFFIRM JANUARY 2018**	
3		***RUC Collaboration Website***				Remote physiologic monitoring treatment management		Remote physiologic monitoring treatment management services, clinical			Remote physiologic monitoring treatment management services, clinical	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 20 Specialty: AGS, ACP, ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 14.80**	**$ -**	**$ 7.40**	**$ -**		**$ 14.80**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**40.0**	**0.0**	**20.0**	**0.0**		**40.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**10.0**	**0.0**	**10.0**	**0.0**		**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**30.0**	**0.0**	**10.0**	**0.0**		**30.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 14.80**	**$ -**	**$ 7.40**	**$ -**		**$ 14.80**	**$ -**
13		**PRE-SERVICE PERIOD**										
14		**Start: Following visit when decision for surgery or procedure made**										
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37							
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37							
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37							
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37							
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37							
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37							
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37							
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37							
29		**End: When patient enters office/facility for surgery/procedure**										
30		**SERVICE PERIOD**										
31		**Start: When patient enters office/facility for surgery/procedure:**										
32		**Pre-Service (of service period)**										
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37							
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37							
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37							
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37							
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37							
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37							
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37							
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37							
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37							
48		**Intra-service (of service period)**										
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37							
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37							
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37							
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37	10		10			10	
59		**Post-Service (of service period)**										
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37							
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37							
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37							
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37							
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37							
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37							
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37							
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37							
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.37							
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37							
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.37							
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37							
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37							
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37							
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**			**n/a**	
81		**End: Patient leaves office**										
82		**POST-SERVICE PERIOD**										
83		**Start: Patient leaves office/facility**										
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	30		10			30	
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37							
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**		**# visits**	**# visits**
87		99211 16 minutes	16									
88		99212 27 minutes	27									
89		99213 36 minutes	36									
90		99214 53 minutes	53									
91		99215 63 minutes	63									
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**
99		**End: with last office visit before end of global period**										

	A	B	D	E	F	N	O	R	S	T	U	V
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**			**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**99457**		**99458**			**99457 AFFIRM JANUARY 2018**	
3		***RUC Collaboration Website***				Remote physiologic monitoring treatment management		Remote physiologic monitoring treatment management services, clinical			Remote physiologic monitoring treatment management services, clinical	
4	**Clinical Activity Code**	**Meeting Date: January 2019** **Tab: 20** **Specialty: AGS, ACP, ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**
6		**GLOBAL PERIOD**										
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 14.80**	**$ -**	**$ 7.40**	**$ -**		**$ 14.80**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**40.0**	**0.0**	**20.0**	**0.0**		**40.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**10.0**	**0.0**	**10.0**	**0.0**		**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**30.0**	**0.0**	**10.0**	**0.0**		**30.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**								
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**		**$ -**	**$ -**
102												
103												
104												
105												
106												
107												
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*										
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**							
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**		**$ -**	**$ -**
112												
113												
114												
115												
116												
117												
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*										
120												
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AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2018

Chronic Care Remote Physiologic Monitoring

In September 2017, the CPT Editorial Panel revised one code and created three new codes to describe remote physiologic monitoring and management.

99457 ***Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month***
The RUC reviewed the survey responses from 53 cardiologists for CPT code 99457 and determined that the survey 25th percentile work RVU of 0.61 accurately accounts for the work required to perform this service. CPT code 99457 is a care management code that requires at least 20 minutes of service over a 30 day period in which the physician, qualified health care professional, or the clinical staff (i.e., nurse) interacts via communication with a patient. The typical time actually spent, however is 20 minutes by the physician or qualified health care professional and 40 minutes by the clinical staff (nurse). All data and any changes to the patients' care are documented in the electronic health record. The RUC recommends 20 minutes of intra-service time.

The RUC compared 99457 to the top key reference service 99490 *Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month…* (work RVU = 0.61 and 23 minutes total time) and noted that these services required the same physician work and similar time to perform, and are appropriately valued the same. The typical patient receiving 99457 has a chronic disease; specifically heart failure and has a chronic heart failure management device at home to prevent hospitalization. Thus, CPT code 99457 is similar to the chronic care management code 99490. Additionally, both CPT codes 99490 and 99457 include physician time and clinical staff time. For additional support, the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report* (work RVU = 0.70 and 20 minutes total time), which requires similar work and the same total time. **The RUC recommends a work RVU of 0.61 for CPT code 99457.**

Practice Expense
The Practice Expense (PE) Subcommittee had an extensive discussion and confirmed that the devices for these services must be recognized as a medical device by the FDA and ordered by the physician or other qualified health care provider.

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99453 ***Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment***
The PE Subcommittee discussed the specialty society's recommended supply items, shipping costs and a device reprocessing fee, and determined that they are not specifically allocable to the patient for this service, and would be considered indirect practice expenses. CMS confirmed that these items would be considered indirect practice expense under their methodology to calculate the practice expense relative value unit.

99454 ***Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days***
The PE Subcommittee maintained the specialty society's recommended supply item, a monthly service fee for the period of time being monitored. The PE Subcommittee also maintained the heart failure patient physiologic monitoring equipment, which the patient will have with them for the 30 days of the service. The RUC noted that unlike CMS' default assumption for equipment usage of 10 hours per day, 5 days per week, 50 weeks per year (for 150,000 total minutes of the year), the equipment for performing this service will be used 24 hours per day, 7 days per week, 365 days of the year (for 525,600 total minutes of the year). With this change to the utilization assumption for CMS' equipment cost formula, the net result is a rate 28.5% of the default, or 71.5% lower than the standard equipment cost per minute.

99457 ***Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month***
The PE Subcommittee confirmed that typically both the physician and the clinical staff communicate with the patient during the month. The clinical staff is making an average of 10 phone calls over the month and the provider will make 1-2 phone calls. These phone calls are not duplicative but complimentary services. The Subcommittee removed the desktop computer (ED021) as it would be considered indirect for this service.

The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.

New Technology/New Services
These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Critical Care Services

Critical care is the direct delivery by a physician(s) or . . .

Providing medical care to a critically ill . . .

Inpatient critical care services . . .

Services for a patient who is not . . .

Critical care and other E/M services . . .

For reporting by professionals…

99291 *Critical care, evaluation and management . . .*

99292 *each additional 30 minutes . . .*

(Use 99292 in conjunction with 99291)

*----------**Coding Tip**----------*

Services Included in Critical Care Services
For reporting by professionals, the following services are included in critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest X-rays (71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (eg, ECGs, blood pressures, hematologic data [~~99090~~]); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002-94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed that are not listed above should be reported separately. Facilities may report the above services separately.

Evaluation and Management
Non-Face-to-Face Services
Interprofessional Telephone/Internet Consultation

The consultant should…

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These services are…

99446 *Interprofessional telephone/Internet assessment and…*

99447 *11-20 minutes …*

99448 *21-30 minutes …*

99449 *31 minutes or more of medical consultative discussion and review…*

Evaluation and Management
Non-Face-to-Face Services
Digitally Stored Data Services/Remote Physiologic Monitoring

Codes 99453 and 99454 are used to report remote physiologic monitoring services (eg weight, blood pressure, pulse oximetry) during a 30 day period. To report 99453 and 99454, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Code 99453 may be used to report the set up and patient education on use of the service. Code 99454 may be used to report supply of the device for daily recording or programmed alert transmissions. Codes 99453 and 99454 are not reported if monitoring is less than 16 days. Do not report 99453 and 99454 when these services are included in other CPT codes for the duration of time of the physiologic monitoring service (eg, 95250 for continuous glucose requires a minimum of 72 hours of monitoring).

Code 99091 should…

If the services described by 99091 are provided on the same day the patient presents for an Evaluation and Management (E/M) service, these services should be considered part of the E/M service and not separately reported.

Do not report 99091 in the same calendar month as care plan oversight services 99374-99380, 99399, and 99340, and remote physiologic monitoring services 99457. Do not report 99091 if other more specific CPT codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.

Code 99453 is reported for each episode of care. For coding remote monitoring of physiologic parameters, an episode of care is defined as beginning when the remote monitoring physiologic service is initiated, and ends with attainment of targeted treatment goals.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
●99453	Z1	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment (Do not report 99453 more than once per episode of care) (Do not report 99453 for monitoring of less than 16 days)	XXX	0.00 (PE Only)
●99454	Z2	device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days (Do not report 99454 for monitoring of less than 16 days) (For physiologic monitoring treatment management services use 99457) (Do not report 99453, 99454 in conjunction with codes for more specific physiologic parameters eg, 93296, 94760)	XXX	0.00 (PE Only)
(e)*◢*99091	-	*Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days* *(Do not report 99091 in conjunction with 99457)* *(Do not report 99091 if it occurs within 30 days of 99374-99380, 99399, 99340, and 99457)*	*XXX*	*1.10* *(No Change)*

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Evaluation and Management Services
Non-Face-to-Face Services
Remote Physiologic Monitoring Treatment Management Services (red heading)

Remote physiologic monitoring treatment management services are provided when clinical staff/physician/qualified healthcare professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Use 99457 for time spent managing care when patients or the practice do not meet the requirements to report 99487-99490, 99491or other more specific services. Code 99457 requires a live interactive communication with the patient/caregiver and 20 minutes or more of clinical staff/physician/qualified healthcare professional time in a calendar month. Report 99491 [2019] one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.

Do not count any time on a day when the physician or other qualified healthcare professional reports an E/M service (office or other outpatient services 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, domiciliary, rest home services 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, home services 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350). Do not count any time related to other reported services (eg, 93290).

● 99457	Z3	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month (Do not report 99457 in the same month as 99487-99490, 99491) (Do not report 99457 for any time in the 30 day transitional care management period) (Do not report 99457 in conjunction with 99091) (Report once each 30 days, regardless of the number of parameters monitored)	XXX	0.61

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Medicine
Special Services, Procedures and Reports
Miscellaneous Services

The procedures with code numbers 99000 through ~~99091~~ 99082 provide the reporting physician or other qualified health care professional with the means of identifying the completion of special reports and services that are an adjunct to the basic services rendered. The specific number assigned indicates the special circumstances under which a basic procedure is performed.

~~Code 99091 should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.~~

~~If the services described by 99091 are provided on the same day the patient presents for an E/M service, these services should be considered part of the E/M service and not separately reported.~~

~~Do not report 99091 if it occurs within 30 days of in the same calendar month as care plan oversight services 99374-99380. Do not report 99091 if other more specific CPT codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers.~~

Codes 99050-99060…

~~**D**~~99090	-	~~Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)~~ ~~(For physician/or other qualified health care professional qualified by education, training, licensure/regulation [when applicable] collection and interpretation of physiologic data stored/transmitted by patient/caregiver, see 99091)~~ ~~(Do not report 99090 if other more specific CPT codes exist, eg, 93227, 93272, 0206T for cardiographic services; 95250 for continuous glucose monitoring; 97750 for musculoskeletal function testing)~~ (99090 has been deleted)	XXX	N/A (2018 work RVU = 0.00)

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Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services
Pediatric Critical Care Patient Transport

Codes 99466, 99467 are used to report the . . .

Codes 99485, 99486 are used . . .

For the definition of the critically . . .

The non-face-to-face direction of emergency . . .

Emergency department services (99281-99285), initial . . .

The following services are included when performed during the pediatric patient transport by the physician providing critical care and may not be reported separately: routine monitoring evaluations (eg, heart rate, respiratory rate, blood pressure, and pulse oximetry), the interpretation of cardiac output measurements (93562), chest X-rays (71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases and information data stored in computers (eg, ECGs, blood pressures, hematologic data) (~~99090~~), gastric intubation (43752, 43753), temporary transcutaneous pacing (92953), ventilatory management (94002, 94003, 94660, 94662), and vascular access procedures (36000, 36400, 36405, 36406, 36415, 36591, 36600). Any services performed which are not listed above should be reported separately.

Care Management Services

Care management services . . .

A plan of care…

E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. Care management services include care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (99358, 99359), medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (99366, 99367, 99368, 99441, 99442, 99443), on-line medical evaluation (98969, 99444), preparation of special reports (99080), analysis of data (~~99090,~~ 99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported. All other services may be reported. Do not report 99487, 99489, 99490 if reporting ESRD services (90951-90970) during the same month. If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490.

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Complex Chronic Care Management Services

✚*99489* *Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)*

(Report 99489 in conjunction with 99487)

(Do not report 99489 for care management services of . . .

(Do not report 99487, 99489, 99490 during the same month with 90951-90970, 93792, 93793, 98960-98962, 98966-98969, 99071, 99078, 99080, ~~99090~~, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441-99444, 99495, 99496, 99605-99607)

Transitional Care Management

. . .

A physician or other qualified health care professional who reports codes 99495, 99496 may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792,93793) medical team conferences (99366-99368), education and training (98960-98962, 99071, 99078), telephone services (98966-98968, 99441-99443), end stage renal disease services (90951-90970), online medical evaluation services (98969, 99444), preparation of special reports (99080), analysis of data (~~99090~~, 99091), complex chronic care coordination services (99487-99489), medication therapy management services (99605-99607), during the time period covered by the transitional care management services codes.

★*99496* *Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge*

(Do not report 99495, 99496 in conjunction with 93792, 93793)

(Do not report 90951-90970, 98960-98962, 98966-98969, 99071, 99078, 99080, ~~99090~~, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441-99444, 99487-99489, 99605-99607 when performed during the service time of codes 99495 or 99496)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99457 Tracking Number Z3 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.61**
Global Period: XXX Current Work RVU: **n/a** RUC Recommended RVU: **0.61**

CPT Descriptor: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 82-year-old female with systolic dysfunction heart failure is enrolled in a heart failure management program that uses remote physiologic monitoring services.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Based on interpreted data, the physician or other qualified health care professional uses medical decision making to assess patient's clinical stability, communicates the results to the patient, and oversees the management and/or coordination of services, as needed, for all medical conditions.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	Richard Wright, MD; Thad Waites, MD				
Specialty(s):	ACC				
CPT Code:	99457				
Sample Size:	958	**Resp N:**	53	**Response:** 5.5 %	
Description of Sample:	random sample of ACC heart failure section members				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	30.00	1000.00
Survey RVW:	0.25	0.61	**0.80**	1.30	75.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99457	**Recommended Physician Work RVU: 0.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99490	XXX	0.61	**RUC Time**

CPT Descriptor Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	47,515

CPT Descriptor 1 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76700	XXX	0.81	**RUC Time**	994,284

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 43.3 **%**

Number of respondents who choose 2nd Key Reference Code: 17 **% of respondents:** 32.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 99457	**Top Key Reference CPT Code:** 99490	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	0.00	0.00	3.00
Median Intra-Service Time	20.00	15.00	15.00
Median Immediate Post-service Time	0.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**20.00**	**15.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	48%	43%	9%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	43%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	48%	39%
Physical effort required	9%	65%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	52%	44%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	12%	29%	41%	18%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	41%	53%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	35%	59%
Physical effort required	23%	41%	36%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	35%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The AMA's Digital Medicine Payment Advisory Group submitted a code change application for the September 2017 CPT Meeting creating codes for chronic care remote physiologic monitoring services to complement existing care management codes. The resulting three codes describe the initial setup and education to capture remote physiologic parameter (99453, PE-only), 30 days of supplies for the device (99454, PE-only), and management services provided by the physician and/or clinical based on the monitoring data (99457, work+PE). It should also be noted that CPT made these decisions and we began the valuation process before CMS decided to unbundle and separately pay existing code 99091 for collection and interpretation of physiologic data in the final rule.

The ACC saw these codes as a possible complement to the pulmonary wireless pressure sensor services in the related tab for wireless pulmonary pressure sensors. 994X9 describes the sort of management we believe is necessary for heart failure management based on pulmonary pressure readings to be successful and was included in our September CPT submission for that code change application. The final codes approved by CPT removed that component of our proposal, but it is included here for reference.

> ●9949X1 – Remote care management services for patients with an implanted wireless pulmonary artery pressure monitor; during the optimization phase, includes analysis of at least 4 daily transmitted data sets, with communication to the patient of results and treatment plan, at least twice during a 7-day period
>
> ●9949X2 – Remote care management services for patients with an implanted wireless pulmonary artery pressure monitor, during the continuous phase, includes analysis of at least 1 transmitted data set, with communication to the patient of results, at least once during a 7-day period

Additionally, the DMPAG envisioned physiologic data for managing heart failure as a key use case for this code. Because of the similarities between chronic care remote physiologic management and heart failure remote management based on pulmonary pressure sensor readings, we approached the Research Subcommittee with a proposal to combine survey of 99457 in this tab with 93264 in the prior tab so survey respondents could consider them in a related fashion. The Subcommittee also approved a modified survey tool that allowed respondents to estimate both their own (physician) time for work RVU estimation and also their clinical staff's time to develop PE for 99457.

Random surveys were distributed to members who indicate heart failure as an interest in their member information or through board designation. An RVS panel of ACC members reviewed the data to develop these recommendations based on the 53 responses generated by the survey.

Respondents identified 20-minute chronic care management code 99490 as they key reference service (KRS). These 23 respondents generally found 994X9 to be identical or somewhat more intense/complex in comparison to 99490. Another group of 17 respondents selected level-3 office visit code 99213 as the second KRS. Those who selected the second KRS felt 99457 was generally somewhat more intense/complex than 9213.

We recommend the survey median work RVU and times of 0.80 with 20 minutes intraservice. This value tracks closely with the intensity of the KRS but a third more time and value. It also aligns well with very recently revalued MPC code 95251 for ambulatory glucose monitoring that has less intraservice time but identical total time, as shown in the summary spreadsheet.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) n/a

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty cardiology How often? Sometimes

Specialty other How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 750000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This service could be performed two or three times as often in the total population as in the Medicare FFS population.

Specialty cardiology Frequency 375000 Percentage 50.00 %

Specialty other Frequency 375000 Percentage 50.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 242,333 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CMS included this estimate for 99091 in addenda for the CY 2018 PFS final rule. This code is expected to supplant 99091. If heart failure management is the most common use, cardiology could be half or more of the utilizaiton.

Specialty cardiology Frequency 121167 Percentage 50.00 %

Specialty others Frequency 121166 Percentage 49.99 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93297

SS Rec Summary

ISSUE: Chronic Care Remote Physiologic Monitoring

TAB: 20

Source	CPT	DESC	Resp	IWPUT	RVW					Total	PRE-TIME			INTRA-TIME					IMMD
					MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
1st REF	99490	Chronic care management servi	23	0.041			0.61			15						15			
2nd REF	99213	Office or other outpatient visit fo	17	0.053			0.97			23	3					15			5
CURRENT				#DIV/0!						0									
SVY	99457	Remote physiologic monitoring	53	0.040	0.25	0.61	0.80	1.30	75.00	20				5	15	20	30	120	
REC	99457	Remote physiologic monitoring		0.031			0.61			20						20			
MPC	95251	Ambulatory continuous glucose		0.039			0.70			20	2					15			3
MPC	76700	Ultrasound, abdominal, real time		0.053			0.81			21	5					11			5

CPT Code: 99453, 99454, 99457
Specialty Society ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99453: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The ACC RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *93792 is another service during which clinical staff train a patient on how to use home/remote equipment.*

3. Is this code(s) typically billed with an E/M service? *No*

4. What specialty is the dominant provider in the nonfacility? *Unknown* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown* Is the dominant provider in the nonfacility different then for the global? *Unknown* (please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff explain the monitoring system and protocols to the patient, then assist them in obtaining initial readings. Input from physicians working in these programs is that this training takes about half an hour.*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

We identified two costs that effectively function as supply costs that are consumed in correlation with the initiation of the monitoring service. As of the RUC deadline, we have not yet found a provider who is able to share paid invoices due to nondisclosure agreement concerns. We have input estimated costs based on conversations with providers at two facilities performing chronic care remote physiologic monitoring and will continue working to obtain paid invoices for discreet expenses until the RUC meeting.
-The digital monitoring equipment package is transferred via overnight shipping from warehouse to patient, from patient to reprocessing center, and from reprocessing center to warehouse.
-The digital monitoring equipment package undergoes reprocessing with a data wipe and sanitation between patients for a fee that is charged to the physician practice or vendor.

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *The remote physiologic kit is a new piece of equipment. The tablet and peripherals are owned by the office or vendor that trains the patient.*

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

-The patient monitoring equipment package is in use during the entire set-up session. Default formula.

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

16. If there is any other item on your spreadsheet that needs further explanation please include here:

CPT Code: 99453, 99454, 99457
Specialty Society ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99454: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The ACC RVS Committee utilized a consensus panel to develop recommended inputs.*

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *93271 is a similar code in that it describes the technical component of acquiring remote data and the patient is in possession of a piece of equipment owned by the physician for the entire month.*

3. Is this code(s) typically billed with an E/M service? *No.*

4. What specialty is the dominant provider in the nonfacility? *Unknown* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown* Is the dominant provider in the nonfacility different then for the global? *Unknown* (please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

6. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: N/A*

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

We identified one cost that effectively functions as a supply cost that is consumed in correlation with the data transmission of the monitoring service. As of the RUC deadline, we have not yet found a provider who is able to share paid invoices due to nondisclosure agreement concerns. We have input estimated costs based on conversations with providers at two facilities performing chronic care remote physiologic monitoring and will continue working to obtain paid invoices for discreet expenses until the RUC meeting.
-The digital monitoring equipment package requires a monthly vendor service fee for transmission of data from patient to vendor and from vendor to physician practice with alerts for data outside parameters or for patient-activated alerts.

17. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *The remote physiologic kit is a new piece of equipment. The tablet and peripherals are owned by the office or vendor that receives the transmissions.*

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: Other Formula

-The patient monitoring equipment package in the possession of the patient and unable to be used for other services for the entire month. Assuming a 30-day month, that's 43,200 minutes. This is the same equipment package as used in the orientation, but we placed it on a different line as it is an "other formula."

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

15. If there is any other item on your spreadsheet that needs further explanation please include here:

CPT Code: 99453, 99454, 99457
Specialty Society ACC

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: 99457

Global Period: XXX Meeting Date: January 2018

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel: *The ACC RVS Committee utilized a consensus panel to develop recommended inputs.*

16. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: *99490 is a similar code in that it describes chronic care management of a patient. 99457 adds the collection and consideration of patient-provided physiologic data to that care.*

2. Is this code(s) typically billed with an E/M service? *No.*

3. What specialty is the dominant provider in the nonfacility? *Unknown* What percent of the time does the dominant provider provide the service(s) in the nonfacility? *Unknown* Is the dominant provider in the nonfacility different then for the global? *Unknown* (please see provided data in PE Subcommittee folder)

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: *N/A*

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: *N/A*

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: *N/A*

7. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time: Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 2.5 times a week to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.*

8. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. *N/A*

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: *N/A*

10. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. *N/A*

11. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

12. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: *N/A*

13. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

-ED021, desktop computer, is used during the 40 minutes clinical staff is managing the patient as well as during the 20 minutes the physician is managing the patient. Other formula.

14. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

15. If there is any other item on your spreadsheet that needs further explanation please include here:

	A	B	D	E	F	G	H	K	L	M
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93792**		**99453**		
3		***RUC Collaboration Website***				Patient/caregiver training for initiation of home INR monitoring under the direction of a		Remote monitoring of physiologic parameter(s) (eg, weight, blood		
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018 Tab: 20 Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**				**XXX**		**XXX**		
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
10		**TOTAL CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**0.0**	**0.0**	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**30.0**	**0.0**	
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**3.0**	**0.0**	
14		**TOTAL CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**6.0**	**0.0**	**33.0**	**0.0**	
15		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**0.0**	**0.0**	
16		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L051A**	RN	0.51	**40.0**	**0.0**	**0.0**	**0.0**	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L051A**	RN	0.51	**0.0**	**0.0**	**0.0**	**0.0**	
18		**TOTAL CLINICAL STAFF TIME**	**L051A**	RN	0.51	**40.0**	**0.0**	**0.0**	**0.0**	
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 22.62**	**$ -**	**$ 12.21**	**$ -**	
20		**PRE-SERVICE PERIOD**								
21		**Start: Following visit when decision for surgery or procedure made**								
22	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37					
23	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37	3				
24	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37					
25	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37					
26	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37					
27	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37					
28	CA007	Review patient clinical extant information and	L037D	RN/LPN/MTA	0.37					
29	CA008	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					
36		**End: When patient enters office/facility for surgery/procedure**								
37		**SERVICE PERIOD**								
38		**Start: When patient enters office/facility for surgery/procedure:**								
39		**Pre-Service (of service period)**								
40	CA009	Greet patient, provide gowning, ensure appropriate	L037D	RN/LPN/MTA	0.37			3		
41	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37					
42	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37					
43	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37					
44	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37					
45	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37					
46	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37					
47	CA016	Prepare, set-up and start IV, initial positioning and	L037D	RN/LPN/MTA	0.37					
48	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37					
55		**Intra-service (of service period)**								
56	CA018	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					
57	CA018	Assist physician or other qualified healthcare	L051A	RN	0.51	40				
58	CA019	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					
59	CA020	Assist physician or other qualified healthcare	L037D	RN/LPN/MTA	0.37					
60	CA021	Perform procedure/service---NOT directly related to	L037A	Electrodiagno	0.37					
61	CA021	Perform procedure/service---NOT directly related to	L037D	RN/LPN/MTA	0.37			27		
68		**Post-Service (of service period)**								
69	CA022	Monitor patient following procedure/service,	L037D	RN/LPN/MTA	0.37					
70	CA023	Monitor patient following procedure/service, no	L037D	RN/LPN/MTA	0.37					
71	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37					
72	CA025	Clean scope	L037D	RN/LPN/MTA	0.37					
73	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37					
74	CA027	Complete post-procedure diagnostic forms, lab and x-	L037D	RN/LPN/MTA	0.37					
75	CA028	Review/read post-procedure x-ray, lab and pathology	L037D	RN/LPN/MTA	0.37					
76	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37					
77	CA030	Technologist QC's images in PACS, checking for all	L037D	RN/LPN/MTA	0.37					
78	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37					
79	CA032	Scan exam documents into PACS. Complete exam in	L037D	RN/LPN/MTA	0.37					
80	CA033	Perform regulatory mandated quality assurance activity	L037D	RN/LPN/MTA	0.37					
81	CA034	Document procedure (nonPACS) (e.g. mandated	L037D	RN/LPN/MTA	0.37					
82	CA035	Review home care instructions, coordinate	L037D	RN/LPN/MTA	0.37					
83	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		
90		**End: Patient leaves office**								
91		**POST-SERVICE PERIOD**								
92		**Start: Patient leaves office/facility**								
93	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3		3		
94	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37					
108		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	K	L	M
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**93792**		**99453**		
3		***RUC Collaboration Website***				Patient/caregiver training for initiation of home INR monitoring under the direction of a		Remote monitoring of physiologic parameter(s) (eg, weight, blood		
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 20** **Specialty: ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**				**XXX**		**XXX**		
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
10		**TOTAL CLINICAL STAFF TIME**	**L037A**	Electrodiagnos	0.37					
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**0.0**	**0.0**	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**0.0**	**0.0**	**30.0**	**0.0**	
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3.0**	**0.0**	**3.0**	**0.0**	
109	**Medical**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
110		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 133.11**	**$ -**	**$ -**	**$ -**	
111	SK057	paper, laser printing (each sheet)	0.005	item						
112	SC021	lancet	0.038	item		6				
113	SJ053	swab-pad, alcohol	0.013	item		6				
114	SJ055	test strip, INR	21.875	item		6				
115	SK062	patient education booklet	1.55	item		1				
116	SA002	kit, ambulatory Holter	4.449	kit						
117	SB022	gloves, non-sterile	0.084	pair						
118	SD053	electrode, ECG (single)	0.09	item						
119	SK095	battery, AA	0.45	item						
120	SM013	disinfectant, surface (Envirocide, Sanizide)	0.163	oz						
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.046	item						
122	NEW	*Monthly cellular and licensing service fee*	69							
124	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 3.71**	**$ -**	**$ -**	**$ -**	
126	EQ320	pacemaker interrogation, system	123250	Default	0.46699661					
127	EQ312	INR analysis and reporting system w-software	21085	Default	0.083542908	40				
128	EQ031	INR monitor, home	2000	Default	0.009295134	40				
129	EQ297	CEM, system	209117	Other Formula	0.792348317					
130	EQ274	CEM, looping	995	Other Formula	0.003942385					
131	NEW	heart failure patient physiologic monitoring equipment package	1000	Other Formula	0.00113076					
132		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*								

	A	B	R	S	T	U	V	AA	AB	AC	AD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**			**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**93271**		**99454**			**99490**		**99457**	
3		***RUC Collaboration Website***	External patient and, when performed, auto activated electrocardiographic		Remote monitoring of physiologic parameter(s) (eg, weight, blood			Chronic care management services, at least 20 minutes of clinical		Remote physiologic monitoring treatment management services, 20 minutes	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 20** **Specialty: ACC**									
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**		**XXX**			**XXX**		**XXX**	
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**121.0**	**0.0**							
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
10		**TOTAL CLINICAL STAFF TIME**	**121.0**	**0.0**							
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**22.0**	**0.0**	**0.0**	**0.0**		**20.0**	**0.0**	**10.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**30.0**	**0.0**
14		**TOTAL CLINICAL STAFF TIME**	**22.0**	**0.0**	**0.0**	**0.0**		**20.0**	**0.0**	**40.0**	**0.0**
15		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**									
16		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**									
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**									
18		**TOTAL CLINICAL STAFF TIME**									
19		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 52.91**	**$ -**	**$ -**	**$ -**		**$ 7.40**	**$ -**	**$ 14.80**	**$ -**
20		**PRE-SERVICE PERIOD**									
21		**Start: Following visit when decision for surgery or pro**									
22	CA001	Complete pre-service diagnostic and referral forms									
23	CA002	Coordinate pre-surgery services (including test results)									
24	CA003	Schedule space and equipment in facility									
25	CA004	Provide pre-service education/obtain consent									
26	CA005	Complete pre-procedure phone calls and prescription									
27	CA006	Confirm availability of prior images/studies									
28	CA007	Review patient clinical extant information and									
29	CA008	Perform regulatory mandated quality assurance activity									
36		**End: When patient enters office/facility for surgery/pro**									
37		**SERVICE PERIOD**									
38		**Start: When patient enters office/facility for surgery/pr**									
39		**Pre-Service (of service period)**									
40	CA009	Greet patient, provide gowning, ensure appropriate									
41	CA010	Obtain vital signs									
42	CA011	Provide education/obtain consent									
43	CA012	Review requisition, assess for special needs									
44	CA013	Prepare room, equipment and supplies									
45	CA014	Confirm order, protocol exam									
46	CA015	Setup scope (nonfacility setting only)									
47	CA016	Prepare, set-up and start IV, initial positioning and									
48	CA017	Sedate/apply anesthesia									
55		**Intra-service (of service period)**									
56	CA018	Assist physician or other qualified healthcare									
57	CA018	Assist physician or other qualified healthcare									
58	CA019	Assist physician or other qualified healthcare									
59	CA020	Assist physician or other qualified healthcare									
60	CA021	Perform procedure/service---NOT directly related to	121								
61	CA021	Perform procedure/service---NOT directly related to	22					20		10	
68		**Post-Service (of service period)**									
69	CA022	Monitor patient following procedure/service,									
70	CA023	Monitor patient following procedure/service, no									
71	CA024	Clean room/equipment by clinical staff									
72	CA025	Clean scope									
73	CA026	Clean surgical instrument package									
74	CA027	Complete post-procedure diagnostic forms, lab and x-									
75	CA028	Review/read post-procedure x-ray, lab and pathology									
76	CA029	Check dressings, catheters, wounds									
77	CA030	Technologist QC's images in PACS, checking for all									
78	CA031	Review examination with interpreting MD/DO									
79	CA032	Scan exam documents into PACS. Complete exam in									
80	CA033	Perform regulatory mandated quality assurance activity									
81	CA034	Document procedure (nonPACS) (e.g. mandated									
82	CA035	Review home care instructions, coordinate									
83	CA036	Discharge day management	**n/a**		**n/a**			**n/a**		**n/a**	
90		**End: Patient leaves office**									
91		**POST-SERVICE PERIOD**									
92		**Start: Patient leaves office/facility**									
93	CA037	Conduct patient communications								30	
94	CA038	Coordinate post-procedure services									
108		**End: with last office visit before end of global period**									

	A	B	R	S	T	U	V	AA	AB	AC	AD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**			**REFERENCE CODE**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.*** ***Please do not modify formulas in gray shaded cells*** ***Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**93271**		**99454**			**99490**		**99457**	
3		***RUC Collaboration Website***	External patient and, when performed, auto activated electrocardiographic		Remote monitoring of physiologic parameter(s) (eg, weight, blood			Chronic care management services, at least 20 minutes of clinical		Remote physiologic monitoring treatment management services, 20 minutes	
4	**Clinical Activity Code**	**Meeting Date: January 2018 Revised 1/8/2018** **Tab: 20** **Specialty: ACC**									
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**		**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**		**XXX**			**XXX**		**XXX**	
7		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
8		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**121.0**	**0.0**							
9		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**							
10		**TOTAL CLINICAL STAFF TIME**	**121.0**	**0.0**							
11		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**22.0**	**0.0**	**0.0**	**0.0**		**20.0**	**0.0**	**10.0**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**		**0.0**	**0.0**	**30.0**	**0.0**
109	**Medical**	**MEDICAL SUPPLIES**									
110		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 11.32**	**$ -**	**$ 69.00**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
111	SK057	paper, laser printing (each sheet)									
112	SC021	lancet									
113	SJ053	swab-pad, alcohol									
114	SJ055	test strip, INR									
115	SK062	patient education booklet									
116	SA002	kit, ambulatory Holter									
117	SB022	gloves, non-sterile	1								
118	SD053	electrode, ECG (single)	60								
119	SK095	battery, AA	12								
120	SM013	disinfectant, surface (Envirocide, Sanizide)	1								
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	6								
122	NEW	*Monthly cellular and licensing service fee*			1						
124	**Equipment Code**	**EQUIPMENT**									
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 236.08**	**$ -**	**$ 48.85**	**$ -**		**$ -**	**$ -**	**$ -**	**$ -**
126	EQ320	pacemaker interrogation, system									
127	EQ312	INR analysis and reporting system w-software									
128	EQ031	INR monitor, home									
129	EQ297	CEM, system	83								
130	EQ274	CEM, looping	43200								
131	NEW	heart failure patient physiologic monitoring equipment package			43200						
132		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2019

Online Digital Evaluation Service (e-Visit) – Tab 21

In September 2018, the CPT Editorial Panel deleted two codes and replaced them with six new non-face-to face codes to describe patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office. Three codes describe the physician e-visit (99421, 99422 and 99423) and three codes describe the qualified nonphysician health care professional e-visit (98970, 98971 and 98972).

99421 ***Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes***

The RUC reviewed the survey results from 92 physicians and determined that the survey 25th percentile work RVU of 0.25 appropriately accounts for the work required to perform this service. The RUC recommends 8 minutes intra-service time. The RUC noted that this service includes only intra-service time as this service starts with the physician opening up the electronic communication, which differs from the top key reference code 99441 *Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion* (work RVU = 0.25 and 8 minutes intra-service time, 13 minutes total time), where the physician may get a voicemail and may have an opportunity to review the medical record before engaging in the call. The e-visit is the documentation of the visit itself, the e-mail response. The RUC compared the surveyed code to the top key reference code 99441 and noted that these services require the same physician work and intra-service time to perform. However, 99421 is more intense than 99441 because the physician response is documented in writing. There is a higher risk and challenge within the written response, as the physician or patient may misinterpret something within the communication. Whereas, with a telephone call, any misinterpretations would be clarified with immediate feedback. Additionally, 99421 is more intense because the physician may review multiple images, some of which may be hard to decipher and the physician will need to engage in multiple communications over seven days that adds to the complexity of this service.

For additional support, the RUC referenced MPC codes 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service/total time) and 92568 *Acoustic reflex testing, threshold* (work RVU = 0.29 and 8 minutes intra-service time), which demonstrates the appropriate relativity among similar services. **The RUC recommends a work RVU of 0.25 for CPT code 99421.**

99422 ***Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes***

The RUC reviewed the survey results from 96 physicians and determined that the survey 25th percentile work RVU of 0.50 appropriately accounts for the work required to perform this service. The RUC recommends 15 minutes intra-service time. The RUC compared the surveyed code to the top key reference code 99442 *Telephone evaluation and management service by a physician or other qualified health care professional who may*

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report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion (work RVU = 0.50 and 15 minutes intra-service time, 21 minutes total time) and noted that these services require the same physician work and intra-service time to perform. However, 99422 is more intense than 99442 because the physician response is documented in writing with higher risk and challenges with multiple communications, not a verbal response with immediate clarifications as detailed in the rationale for CPT code 99421.

For additional support, the RUC referenced MPC code 99212 *Office or other outpatient visit for the evaluation and management of an established patient,* (work RVU = 0.48 and 10 minutes intra-service, 16 minutes total time), which demonstrates the appropriate relativity among similar services. **The RUC recommends a work RVU of 0.50 for CPT code 99422.**

99423 *Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes*

The RUC reviewed the survey results from 95 physicians and determined that the survey 25th percentile work RVU of 0.80 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes intra-service time. The RUC compared the surveyed code to the second top key reference code 99443 *Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion* (work RVU = 0.75 and 20 minutes intra-service time, 31 minutes total time) and noted that code 99423 requires slightly more physician work to perform because it describes 21 minutes or more, emphasis on more because the service will likely require more than 21 minutes, potentially much more. Whereas, CPT code 99443 is up to 30 minutes. Additionally, the typical patient receiving 99423 has problems and concerns greater than the average patient. The RUC agreed that 99423 is more intense than 99443 because the physician response is documented in writing with higher risk and challenges with multiple communications, not a verbal response with immediate clarifications as detailed in the rationale for CPT code 99421.

For additional support, the RUC referenced MPC codes 99231 *Subsequent hospital care, per day, for the evaluation and management of a patient…* (work RVU = 0.76 and 10 minutes intra-service, 20 minutes total time) and 99213 *Office or other outpatient visit for the evaluation and management of an established patient…* (work RVU = 0.97 and 15 minutes intra-service, 23 minutes total time), which demonstrates the appropriate relativity among similar services. **The RUC recommends a work RVU of 0.80 for CPT code 99423.**

Practice Expense

The RUC recommends the direct practice expense inputs as submitted by the specialty society.

New Technology/New Services

The RUC recommends that CPT codes 99421, 99422 and 99423 be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Home Services** **Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services** *(For instructions on the use of 99339, 99340, see introductory notes for 99374-99380)* *(For care plan oversight services for patients under the care of a home health agency, hospice, or nursing facility, see 99374-99380)* *(Do not report 99339, 99340 for time reported with 98966, 98967, 98968, ~~98969~~, 99441, 99442, 99443 ~~99444~~, 99421, 99422, 99423)* *99339* *Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes* **Prolonged Service Without Direct Patient Contact** *Code 99358 and 99359……..* *The service is to be……..* *Code 99358 and 99359……..* *Prolonged service……* *Code 99359 is used…..* *Prolonged service of less……* *Do not report 99358, 99359 for time spent in care plan oversight services (99339, 99340, 99374-99380), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368*), ~~or on-line medical evaluations (99444)~~ or online digital ~~Visits~~ evaluation and management services (99421, 99422, 99423). *99358* ***Prolonged evaluation and management service*** *before and/or after direct patient care; first hour* **Care Plan Oversight Services**				

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Care plan oversight services….

These codes should ……..

The work involved in providing ….

(For care plan oversight services of patients in the home, domiciliary, or rest home [eg, assisted living facility], see 99339, 99340, and for hospice agency, see 99377, 99378)

(*Do not report 99374-99380 for time reported with 98966- 98967, 98968,* ~~98969~~, *99441, 99442, 99443* ~~99444~~ 99421, 99422, 99423)

(Do not report 99374-99378 during the same month with 99487-99489)

(Do not report 99374-99380 when performed during the service time of codes 99495 or 99496)

Non-Face-to-Face-Services
Telephone Services

Telephone services are non-face-to-face evaluation and management (E/M) services provided to a patient using the telephone by a physician or other qualified health care professional, who may report evaluation and management services. These codes are used to report episodes of patient care initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit. Likewise if the telephone call refers to an E/M service performed and reported by that individual within the previous seven days (either requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered part of that previous E/M service or procedure. (Do not report 99441-99443 if ~~99441~~ 99421, 99422, 99423 ~~99444~~ have been reported by the same provider in the previous seven days for the same problem.)

~~**On-Line Medical Evaluation**~~

~~An on-line electronic medical evaluation is a non-face-to face evaluation and management (E/M) service by a physician to a patient using Internet resources in response to a patient's on-line inquiry. Reportable services involve the physician's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple physicians could report their exchange with the same patient. If the on-line medical evaluation refers to an E/M service previously performed and reported by the physician within the previous seven days (either physician requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous E/M service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter.~~

~~(For an on-line medical evaluation provided by a qualified nonphysician health care professional, use 98969)~~

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~~D~~99444	-	~~Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network~~ ~~(Do not report 99444 when using 99339, 99340, 99374-99380 for the same communication[s])~~ ~~(Do not report 99444 for home and outpatient INR monitoring when reporting 93792, 93793)~~ ~~(Do not report 99444 during the same month with 99487-99489)~~ ~~(Do not report 99444 when performed during the service time of codes 99495 or 99496)~~	XXX	N/A

Online Digital Evaluation and Management Services

Online digital evaluation and management services (99421, 99422, 99423) are patient-initiated services with physicians or qualified health care professionals. Online digital evaluation and management services require physician or qualified health care professional's evaluation, assessment, and management of the patient. These services are not for the non-evaluative electronic communication of test results, scheduling of appointments, or other communication that does not include evaluation and management. While the patient's problem may be new to the physician or qualified healthcare professional, the patient is an established patient. Patients initiate these services through Health Insurance Portability and Accountability Act compliant secure platforms, such as electronic health record portals, secure email, or other digital applications, which allow digital-communication with the physician or qualified health care professional.

Online digital evaluation and management services are reported once for the physician or qualified health care professional cumulative time devoted to the service during a seven-day period. The seven-day period begins with the physician's or qualified health care professional's initial, personal review of the patient-generated inquiry. Physician or qualified health care professional's cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal physician or qualified health care professional interaction with clinical staff focused on the patient's problem, development of management plans including physician or qualified health care professional generation of prescriptions or ordering of tests, and subsequent communication with the patient through either online, telephone, email, or other digitally-supported communication that does not otherwise represent a separately reported evaluation and management (E/M) service. All professional decision making, assessment, and subsequent management by physicians or qualified health care professionals in the same group contribute to the cumulative service time of the patient's online digital evaluation and management service. Online digital evaluation and management services require permanent documentation storage (electronic or hard copy) of the encounter.

If within seven-days of the initiation of an online digital evaluation and management service, a separately reported E/M visit occurs, then the physician or qualified health care professional work devoted to the online digital evaluation and management service is incorporated into the

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other E/M visit (eg, additive of visit time for a time-based E/M visit, or additive of decision-making complexity for a key component-based E/M visit). This includes E/M visits and procedures that are provided through synchronous telemedicine visits using interactive audio and video telecommunication equipment which are reported with modifier 95 appended to the E/M service. If the patient initiates an online digital inquiry for the same or a related problem within seven days of a previous E/M service, then the online digital visit is not reported. If the online digital inquiry is related to a surgical procedure and occurs during the postoperative period of a previously completed procedure, then the online digital evaluation and management service is not reported separately. If the patient generates the initial online digital inquiry for a new problem within seven days of a previous E/M visit that addressed a different problem, then the online digital evaluation and management service is reported separately. If during the seven-day period of an online digital evaluation and management service, the patient presents a new unrelated problem, then the time of the physician or qualified health care professional's evaluation, assessment, and management of the additional problem is added to the cumulative service time of the online digital evaluation and management service for that seven-day period.

(For online digital evaluation and management services provided by a qualified nonphysician health care professional who may not report the physician or other qualified health care professional evaluation and management services [eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians], see 98970, 98971, and 98972)

(99444 has been deleted. To report, see 99421, 99422, 99423)

● 99421	DD1	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	XXX	0.25 (RUC Recommendation)
● 99422	DD2	11-20 minutes	XXX	0.50 (RUC Recommendation)

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● 99423	DD3	21 or more minutes (Report 99421, 99422, 99423 once per 7-day period) (Do not report online digital evaluation and management services for cumulative service time less than 5 minutes) (Clinical staff time is not calculated as part of cumulative time for 99421, 99422, 99423) (Do not report 99421, 99422, 99423 when using 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99487, 99489, 99495, 99496, 99091 for the same communication[s]) (Do not report 99421, 99422, 99423 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 99421, 99422, 99423 on a day when the physician or other qualified health care professional reports E/M services~~:~~ [99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245]) (Do not count 99421, 99422, 99423 time otherwise reported with other services)	XXX	0.80 (RUC Recommendation)

Interprofessional Telephone/Internet/Electronic Health Record Consultations

The consultant should use codes 99446, 99447, 99448, 99449, 99451 to report interprofessional telephone/Internet/electronic health record consultations. An interprofessional telephone/Internet/electronic health record consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician or other qualified health care professional in the diagnosis and/or management of the patient's problem patient face-to-face contact with the consultant.

The patient for whom the interprofessional telephone/Internet/electronic health record consultation is requested may be either a new patient to the consultant or an established patient with a new problem or an exacerbation of an existing problem. However, the consultant should not have seen the patient in a face-to-face encounter within the last 14 days. When the telephone/Internet/electronic health record consultation leads to a transfer of care or other face-to-face service (eg, a surgery, a hospital visit, or a scheduled office evaluation of the patient) within the next 14 days or next available appointment date of the consultant, these codes are not reported.

Review of pertinent medical records, laboratory studies, imaging studies, medication profile, pathology specimens, etc is included in the telephone/Internet/electronic health record consultation service and should not be reported separately when reporting 99446, 99447, 99448, 99449, 99451. The majority of the service time reported (greater than 50%) must be devoted to the medical consultative verbal~~/~~ or Internet discussion. If greater than 50% of the time for the service is devoted to data review and/or analysis, 99446, 99447, 99448, 99449 should not be reported. However, the service time for 99451 is based on total review and interprofessional-communication time.

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If more than one telephone/Internet/electronic health record contact(s) is required to complete the consultation request (eg, discussion of test results), the entirety of the service and the cumulative discussion and information review time should be reported with a single code. Codes 99446, 99447, 99448, 99449, 99451 should not be reported more than once within a seven-day interval.

The written or verbal request for telephone/Internet/electronic health record advice by the treating/requesting physician or other qualified health care professional should be documented in the patient's medical record, including the reason for the request. Codes 99446, 99447, 99448, 99449 conclude with a verbal opinion report and written report from the consultant to the treating/requesting physician or other qualified health care professional. Code 99451 concludes with only a written report.

Telephone/Internet/electronic health record consultations of less than five minutes should not be reported. Consultant communications with the patient and/or family may be reported using ~~99441~~98966, ~~99442~~98967, ~~99443~~98968, ~~99444~~ 99421, 99422, 99423 *, ~~98966~~99441, ~~98967~~99442, ~~98968~~99443, ~~98969~~, and the time related to these services is not used in reporting 99446, 99447, 99448, 99449. Do not report 99358, 99359 for any time within the service period, if reporting 99446, 99447, 99448, 99449, 99451.*

When the sole purpose of the telephone/Internet/electronic health record communication is to arrange a transfer of care or other face-to-face service, these codes are not reported.

The treating/requesting physician or other qualified health care professional may report 99458 if spending 16-30 minutes in a service day preparing for the referral and/or communicating with the consultant. Do not report 99458 more than once in a 14-day period. The treating/requesting physician or other qualified health care professional may report the prolonged service codes 99354, 99355, 99356, 99357 for the time spent on the interprofessional telephone/Internet/electronic health record discussion with the consultant (eg, specialist) if the time ***exceeds 30 minutes*** *beyond the typical time of the appropriate E/M service performed and the patient is present (on-site) and accessible to the treating/requesting physician or other qualified health care professional. If the interprofessional telephone/Internet/electronic health record assessment and management service occurs when the patient is not present, and the time in a day* ***exceeds 30 minutes****, then the non-face-to-face prolonged service codes 99358, 99359 may be reported by the treating/requesting physician or other qualified health care professional.*

(For telephone services provided by a physician to a patient, see 99441, 99442, 99443)

(For telephone services provided by a qualified health care professional to a patient, see 98966, 98967, 98968)

(For online digital evaluation and management services provided by a physician or other qualified health care professional to a patient, see 99421, 99422, 99423)

~~(For an on-line medical evaluation provided by a physician to a patient, use 99444)~~

~~(For an on-line assessment and management service provided by a qualified health care professional to a patient, use 98969)~~

Care Management Services

Care management services are….

A plan of care must….

Code 99487, 99489…

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Care management activities…..

- *communication and engagement with patient, family members, guardian or caretaker,*
- *surrogate decision makers, and/or other professionals regarding aspects of care;*
- *communication with home health agencies and other community services utilized by the patient;*
- *collection of health outcomes data and registry documentation;*
- *patient and/or family/caregiver education to support self-management, independent living, and activities of daily living;*
- *assessment and support for treatment regimen adherence and medication management;*
- *identification of available community and health resources;*
- *facilitating access to care and services needed by the patient and/or family;*
- *management of care transitions not reported as part of transitional care management (99495, 99496);*
- *ongoing review of patient status, including review of laboratory and other studies not reported as part of an E/M service, noted above;*
- *development, communication, and maintenance of a comprehensive care plan*

The care management office/practice must have the following capabilities:

- *provide 24/7 access to physicians or other qualified health care professionals or clinical staff including providing patients/caregivers with a means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week;*
- *provide continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments;*
- *provide timely access and management for follow-up after an emergency department visit or facility discharge;*
- *utilize an electronic health record system so that care providers have timely access to clinical information;*
- *use a standardized methodology to identify patients who require care management services;*
- *have an internal care management process/function whereby a patient identified as meeting the requirements for these services starts receiving them in a timely manner;*
- *use a form and format in the medical record that is standardized within the practice;*
- *be able to engage and educate patients and caregivers as well as coordinate care among all service professionals, as appropriate for each patient.*

E/M services may be reported separately by the same physician or other qualified health care professional during the same calendar month. A physician or other qualified health care professional who reports codes 99487, 99489, 99490, may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366, 99367, 99368), education and training (98960, 98961, 98962, 99071, 99078), telephone services (99366, 99367, 99368, 99441, 99442, 99443), ~~*on-line medical evaluation (98969, 99444)*~~*, preparation of special reports (99080), analysis of data (99091), transitional care management services (99495, 99496), medication therapy management services (99605, 99606, 99607) and, if performed, these services may not be reported separately during the month for which 99487, 99489, 99490 are reported. All other services may be reported. Do not report 99487, 99489, 99490, 99491 if reporting ESRD services (90951-90970) during the same*

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month. If the care management services are performed within the postoperative period of a reported surgery, the same individual may not report 99487, 99489, 99490, 99491. When reporting 99487, 99489, 99490, do not use time reported with 99421, 99422, 99423.

Complex Chronic Care Management Services

99487 *Complex chronic care management services, with the following required elements:*

- *multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient,*
- *chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline,*
- *establishment or substantial revision of a comprehensive care plan,*
- *moderate or high complexity medical decision making;*
- *60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.*

(Complex chronic care management services of less than 60 minutes duration, in a calendar month, are not reported separately)

+*99489* *each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)*

(Report 99489 in conjunction with 99487)

(Do not report 99489 for care management services of less than 30 minutes additional to the first 60 minutes of complex chronic care management services during a calendar month)

(Do not report 99487, 99489, 99490 during the same month with 90951-90970, 93792, 93793, 98960-98962, 98966, 98967, 98968-~~98969~~, 99071, 99078, 99080, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441, 99442, 99443-~~99444~~-, *99495, 99496, 99605-99607)*

Transitional Care Management Services

Codes 99495 and 99496 are used to ...

TCM is comprised of one face-to-...

Non-face-to-face services provided by ...

Non-face-to-face services provided by ...

TCM requires a face-to-face visit, ...

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These services address any needed coordination of ...

Medical decision making and the date of ...

Selection of Code Type of Medical Decision Making Face-to-...

Medical decision making is defined by the ...

Only one individual may report these services ...

A physician or other qualified health care professional who reports codes 99495, 99496 may not report care plan oversight services (99339, 99340, 99374-99380), prolonged services without direct patient contact (99358, 99359), home and outpatient INR monitoring (93792, 93793), medical team conferences (99366-99368), education and training (98960-98962, 99071, 99078), telephone services (98966-98968, 99441-99443), end stage renal disease services (90951-90970), ~~online medical evaluation services (98969, 99444),~~ *preparation of special reports (99080), analysis of data (*~~99090,~~ *99091), complex chronic care coordination services (99487-99489), medication therapy management services (99605-99607), during the time period covered by the transitional care management services codes.* When reporting 99487, 99489, 99490, do not use time reported with 99421, 99422, 99423.

★*99496* ***Transitional Care Management Services*** *with the following required elements:*

- *Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge*
- *Medical decision making of high complexity during the service period*
- *Face-to-face visit, within 7 calendar days of discharge*

(Do not report 99495, 99496 in conjunction with 93792, 93793)

(Do not report 90951-90970, 98960-98962, 98966, 98967, 98968, ~~*98969*~~*, 99071, 99078, 99080, 99091, 99339, 99340, 99358, 99359, 99366-99368, 99374-99380, 99441,* 99442, 99443-~~99444~~*, 99487-99489, 99605-99607, when performed during the service time of codes 99495 or 99496)*

Medicine
Psychiatry
Psychiatric Diagnostic Procedures

90792 *Psychiatric diagnostic evaluation with medical services*

*(Do not report 90791 or 90792 in conjunction with 99201-99337, 99341-99350, 99366-99368, 99401-*9944~~99444~~*, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T)*

(Use 90785 in conjunction with 90791, 90792 when the diagnostic evaluation includes interactive complexity services)

Home and Outpatient International Normalized Ratio (INR) Monitoring Services

Home and outpatient international normalized ratio (INR) monitoring services describe the management of warfarin therapy, including ordering, review, and interpretation of new INR test result(s), patient instructions, and dosage adjustments as needed.

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If a significantly, separately identifiable evaluation and management (E/M) service is performed on the same day as 93792, the appropriate E/M service may be reported using modifier 25.

Do not report 93793 on the same day as an E/M service.

Do not report 93792, 93793 in conjunction with 98966, 98967, 98968, ~~98969~~, 99441, 99442, 99443, ~~99444~~, 99421, 99422, 99423, when telephone or online digital evaluation and management services address home and outpatient INR monitoring.

Do not report 93792, 93793 when performed during the service time of 99487, 99489, 99490, 99495, 99496.

Non-Face-to-Face Nonphysician Services
~~On-line Medical Evaluation~~
~~Online Digital Evaluation~~
Qualified Nonphysician Health Care Professional Online Digital Evaluation and Management Service

~~An on-line electronic medical evaluation is a non-face-to-face assessment and management service by a qualified health care professional to a patient using Internet resources in response to a patient's on-line inquiry.~~

~~Reportable services involve the qualified health care professional's personal timely response to the patient's inquiry and must involve permanent storage (electronic or hard copy) of the encounter. This service is reported only once for the same episode of care during a seven-day period, although multiple qualified health care professionals could report their exchange with the same patient. If the on-line medical evaluation refers to an assessment and management service previously performed and reported by the qualified health care professional within the previous seven days (either qualified healthcare professional requested or unsolicited patient follow-up) or within the postoperative period of the previously completed procedure, then the service(s) are considered covered by the previous assessment and management office service or procedure. A reportable service encompasses the sum of communication (eg, related telephone calls, prescription provision, laboratory orders) pertaining to the on-line patient encounter.~~

~~(For an on-line medical evaluation provided by a physician, use 99444)~~

D*~~98969~~*	-	*~~Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the Internet or similar electronic communications network~~* *~~(Do not report 98969 when using 99339-99340, 99374-99380 for the same communication[s])~~* *~~(Do not report 98969 for home and outpatient INR monitoring when reporting 93792, 93793)~~* *~~(Do not report 98969 during the same month with 99487-99489)~~*	XXX	N/A

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		~~*(Do not report 98969 when performed during the service time of codes 99495, 99496)*~~ Qualified nonphysician health care professional online digital evaluation and management services are patient-initiated digital services with qualified nonphysician health care professionals which require qualified nonphysician health care professional patient evaluation and decision-making to generate an assessment and subsequent management of the patient. These services are not for the non-evaluative electronic communication of test results, scheduling of appointments, or other communication that does not include evaluation and management. While the patient's problem may be new to the qualified nonphysician health care professional, the patient is established. Patients initiate these services through Health Insurance Portability and Accountability Act compliant, secure platforms such as through the electronic health record portal, email, or other digital applications which allow digital communication with the qualified nonphysician health care professional. Qualified nonphysician health care professional online digital evaluation and management services are reported once for the qualified nonphysician health care professional's cumulative time devoted to the service during a seven-day period. The seven-day period begins with the qualified nonphysician health care professional's initial, personal review of the patient-generated inquiry. Qualified nonphysician health care professional cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal qualified nonphysician health care professional interaction with clinical staff focused on the patient's problem, development of management plans including qualified nonphysician health care professional generation of prescriptions or ordering of tests, and subsequent communication with the patient through either online, telephone, email, or other digitally-supported communication. All qualified nonphysician health care professionals in the same group that are involved in the online digital evaluation and management service contribute to the cumulative service time devoted to the patient's online digital evaluation and management service. Qualified nonphysician health care professional online digital evaluation and		

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		management services require visit documentation and permanent storage (electronic or hard copy) of the encounter. If the patient generates the initial online digital inquiry within seven days of a previous treatment or evaluation and management service, and if both services relate to the same problem, or if the online digital inquiry occurs within the postoperative period of a previously completed procedure, then the qualified nonphysician health care professional online digital evaluation and management service is not reported separately. If the patient generates an initial online digital inquiry for a new problem within seven days of a previous service that addressed a different problem, then the qualified nonphysician health care professional online digital evaluation and management service is reported separately. If within seven days of the nonphysician qualified health care professional's initial review of the online digital evaluation management service a separately reported evaluation service occurs, then 98970, 98971, 98972 are not reported. If the patient presents a new unrelated problem during the seven days period of an online digital evaluation and management service, then the time of the qualified nonphysician health care professional's evaluation and management of the additional problem is added to the cumulative service time of the online digital evaluation and management service for that seven-day period. (For an online digital evaluation and management service provided by a physician or qualified health care professional, see 99421, 99422, 99423) (98969 has been deleted. To report, see 98970, 98971, 98972)		
● 98970	DD4	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	XXX	0.25 (HCPAC Recommendation)
● 98971	DD5	11-20 minutes	XXX	0.50 (HCPAC Recommendation)

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● 98972	DD6	21 or more minutes (Report 98970, 98971, 98972 once per 7-day period) (Do not report online digital evaluation services for cumulative visit time less than 5 minutes) (Do not report 98970, 98971, 98972 when using 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99487, 99489, 99495, 99496, 99091 for the same communication[s]) (Do not report 98970, 98971, 98972 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not count 98970, 98971, 98972 time otherwise reported with other services)	XXX	0.80 (HCPAC Recommendation)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99421 Tracking Number DD1 Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.25**

CPT Descriptor: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A mother submits an online query through her child's physician's EHR portal about her six-year-old son who has developed an itchy rash two days subsequent to an outdoor hike.

A 68 year old patient submits an on-line query through his physician's EHR because he has developed an itchy rash two days subsequent to an outdoor hike.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work:
•Reviewing the initial patient inquiry, reviewing the medical history, reviewing documents sent by the patient and/or obtained by clinical staff, and checking online data registries/information exchanges
•Assessing medical condition described in the patient query
•Formulating and sending the physician response (eg, a diagnosis and treatment plan, and/or request for additional information)
•Reviewing test results and other reports
•Emailing prescriptions
•Follow up communication with the patient
•Interacting with clinical staff to order diagnostic tests, coordinate care, and implement the care plan
•Completing medical record documentation of all communications
•Providing necessary care coordination, telephonic, or electronic communication assistance

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Megan Adamson, MD; Audrey Chun, MD;Tanvir Hussian, MD; David Kanter, MD; Steven Krug, MD; Mary Newman, MD		
Specialty Society(ies):	AAFP, AAP, ACP, and AGS		
CPT Code:	99421		
Sample Size:	6979	**Resp N:** 92	**Response:** 1.3 %
Description of Sample:	Random samples from each specialty society as follows: AAFP = 2000; AAP = 2000; ACP = 2000; AGS = 979		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	50.00	1000.00
Survey RVW:	0.02	0.25	**0.40**	0.50	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	5.00	**8.00**	10.00	25.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99421	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99441	XXX	0.25	**RUC Time**

CPT Descriptor Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.48	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	547,890

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92568	XXX	0.29	**RUC Time**	6,626

CPT Descriptor 2 Acoustic reflex testing, threshold

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 36.1 **%**

Number of respondents who choose 2nd Key Reference Code: 30 **% of respondents:** 31.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 99421	Top Key Reference CPT Code: 99441	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	0.00	1.00	2.00
Median Intra-Service Time	8.00	8.00	10.00
Median Immediate Post-service Time	0.00	4.00	4.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**8.00**	**13.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	71%	23%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	68%	26%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	76%	15%
Physical effort required	23%	65%	12%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	12%	53%	35%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	64%	23%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	70%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	23%	50%	27%
Physical effort required	60%	37%	3%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	50%	43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

An expert panel of providers from each of the participating specialty societies (ie, AAFP, AAP, ACP, AGS, and AND) reviewed and discussed survey results for the physician (99421-99423) and non-physician provider (NPP) (98970-98972) eVisit codes.

Overview of 99421-99423 (Physician eVisits)

We are recommending the **median survey intra-service times** (8 minutes, 15 minutes, and 25 minutes, respectively) for all three codes. The median time is the midway point of the code descriptors for 99421 and 99422 and the expert panel agreed that the median time of 25 minutes for 9X0X3 was appropriate and was properly aligned with the intraservice and total times for 99443 (1/20/10/31) which was one of the two key reference services.

We also are recommending the survey **25th percentile work relative value units** (wRVU) of 0.25, 0.50, and 0.80 for 99421, 99422 and 999423, respectively. These values place the codes in proper rank order to each other, to the key reference services, and to the chronic care management codes, 99487 and 99490.

99421
The key reference services are 99441 (0.25 wRVU; times of 1/8/4/13) and 99212 (0.48 wRVU and times of 2/10/4/16).

The time range for 99421 is 5-10 minutes. Therefore, the expert panel recommends the median survey intra-service time of 8 minutes. For work, the expert panel believes that the physician work for 99421 which extends over 7 days and has the same amount of intraservice time as 99441, should have a work value equivalent to or higher than 99441. Based on the fact that the survey was robust and the respondents thought the vignettes were typical, we are recommending the 25th percentile wRVU of 0.25. While the expert panel believes that the median wRVU of 0.40 may be more accurate, it is not supported by the intraservice/total time of 8 minutes. The expert panel also reviewed the chronic care management codes 99487 and 99490 which also have only intraservice time. 99487 has a time of 26 minutes and a wRVU of 1.00 while 99490 has a time of 15 minutes and a wRVU of 0.61. As these codes include work over a month and are for patients with two or more chronic conditions, the expert panel believes that a wRVU of 0.25 places 99421 in proper rank order to the CCM codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99444

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Family Medicine How often? Sometimes

Specialty Pediatrics How often? Sometimes

Specialty Geriatric/Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 1800000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Please see Medicare frequency estimation below. We anticipate national frequency at approximately 2 times the Medicare frequency.

Specialty Family Medicine Frequency 594000 Percentage 33.00 %

Specialty Pediatrics Frequency 594000 Percentage 33.00 %

Specialty Geriatric/Internal Medicine Frequency 594000 Percentage 33.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 900,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2019 RBRVS final rule (pages 2054-2055) estimates initial use of Medicare Virtual Check-in code at well over 1 million episodes per year, quickly increasing to over 19 million per year. The Medicare code has no frequency limitation (99421-99423 have a 7-day frequency limitation); therefore 99421-99423 volume will be less, since eVisits occurring within the same week will be cumulatively bundled. Based on this, we estimated that annual volume over first 3 years will average 1 million per year, with 90% allocated to 99421, 8% to 99422, and 2% to 99423.

Specialty Family Medicine Frequency 450000 Percentage 50.00 %

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Geriatric/Internal Medicine Frequency 450000 Percentage 50.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99490

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99422 Tracking Number DD2 Original Specialty Recommended RVU: **0.50**
Presented Recommended RVU: **0.50**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.50**

CPT Descriptor: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 16-year-old asthmatic submits an online query through her physician's EHR portal about her increase in wheezing and cough.

A 75 year old patient with COPD and CHF submits an on-line query through her physician's EHR portal about worsening shortness of breath and mild weight gain.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work:
•Reviewing the initial patient inquiry, reviewing the medical history, reviewing documents sent by the patient and/or obtained by clinical staff, and checking online data registries/information exchanges
•Assessing medical condition described in the patient query
•Formulating and sending the physician response (eg, a diagnosis and treatment plan, and/or request for additional information)
•Reviewing test results and other reports
•Emailing prescriptions
•Follow up communication with the patient
•Interacting with clinical staff to order diagnostic tests, coordinate care, and implement the care plan
•Completing medical record documentation of all communications
•Providing necessary care coordination, telephonic, or electronic communication assistance

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Megan Adamson, MD; Audrey Chun, MD;Tanvir Hussian, MD; David Kanter, MD; Steven Krug, MD; Mary Newman, MD		
Specialty Society(ies):	AAFP, AAP, ACP, and AGS		
CPT Code:	99422		
Sample Size:	6979	**Resp N:** 96	**Response:** 1.3 %
Description of Sample:	Random samples from each specialty society as follows: AAFP = 2000; AAP = 2000; ACP = 2000; AGS = 979		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	35.00	1000.00
Survey RVW:	0.29	0.50	**0.70**	0.97	25.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	12.00	**15.00**	20.00	35.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99422	**Recommended Physician Work RVU: 0.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99442	XXX	0.50	**RUC Time**

CPT Descriptor Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	0.97	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.48	**RUC Time**	12,807,980

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	85,342

CPT Descriptor 2 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 **% of respondents:** 34.3 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 29.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 99422	**Top Key Reference CPT Code:** 99442	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	0.00	1.00	3.00
Median Intra-Service Time	15.00	15.00	15.00
Median Immediate Post-service Time	0.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**21.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	47%	47%	3%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	38%	59%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	56%	38%
Physical effort required	15%	65%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	35%	56%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	59%	38%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	73%	24%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	59%	24%
Physical effort required	52%	34%	14%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	48%	52%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

An expert panel of providers from each of the participating specialty societies (ie, AAFP, AAP, ACP, AGS, and AND) reviewed and discussed survey results for the physician (99421-99423) and non-physician provider (NPP) (98970-98972) eVisit codes.

Overview of 99421-99423 (Physician eVisits)

We are recommending the **median survey intra-service times** (8 minutes, 15 minutes, and 25 minutes, respectively) for all three codes. The median time is the midway point of the code descriptors for 99421 and 99422 and the expert panel agreed that the median time of 25 minutes for 99423 was appropriate and was properly aligned with the intraservice and total times for 99443 (1/20/10/31) which was one of the two key reference services.

We also are recommending the survey **25th percentile work relative value units** (wRVU) of 0.25, 0.50, and 0.80 for 99421, 99422, and 99423, respectively. These values place the codes in proper rank order to each other, to the key reference services, and to the chronic care management codes, 99487 and 99490.

99422
The key reference services are 99442 (0.50 wRVU; times 1/15/5/21) and 99213 (0.97 wRVU and times of 3/15/5/23).

The time range for 99422 is 10-20 minutes. Therefore, the expert panel recommends the median survey intra-service time of 15 minutes which is the midpoint of the range. For work, the expert panel believes that the physician work for 99422 which extends over 7 days and has the same amount of intraservice time as 99442, should have a work value equivalent to or higher than 99442. Based on the fact that the survey was robust and the respondents thought the vignettes were typical, we are recommending the 25th percentile wRVU of 0.50. While the expert panel believes that the median wRVU of 0.70 may be more accurate, it is not supported by the intraservice/total time of 15 minutes. The expert panel also reviewed the chronic care management codes 99487 and 99490 which also have only intraservice time. 99487 has a time of 26 minutes and a wRVU of 1.00 while 99490 has a time of 15 minutes and a wRVU of 0.61. As these codes include work over a month and are for patients with two or more chronic conditions, the expert panel believes that a wRVU of 0.50 places 99422 in proper rank order to the CCM codes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99444

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Family Medicine How often? Sometimes

Specialty Pediatrics How often? Sometimes

Specialty Geriatric/Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 160000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Please see Medicare frequency estimation below. We anticipate national frequency at approximately 2 times the Medicare frequency.

Specialty Family Medicine Frequency 53333 Percentage 33.33 %

Specialty Pediatrics Frequency 53333 Percentage 33.33 %

Specialty Geriatric/Internal Medicine Frequency 53333 Percentage 33.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 80,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2019 RBRVS final rule (pages 2054-2055) estimates initial use of Medicare Virtual Check-in code at well over 1 million episodes per year, quickly increasing to over 19 million per year. The Medicare code has no frequency limitation (99421-99423 have a 7-day frequency limitation); therefore 99421-99423 volume will be less, since eVisits occurring within the same week will be cumulatively bundled. Based on this, we estimated that annual volume over first 3 years will average 1 million per year, with 90% allocated to 99421, 8% to 99422, and 2% to 99423.

Specialty Family Medicine Frequency 40000 Percentage 50.00 %

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Geriatric/Internal Medicine Frequency 40000 Percentage 50.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:

Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99490

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99423 Tracking Number DD3 Original Specialty Recommended RVU: **0.80**
Presented Recommended RVU: **0.80**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.80**

CPT Descriptor: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A mother submits an online query through her child's physician EHR portal about her six-year-old son who has ADHD with increased lability upon starting a new school.

An adult child of an 80-year-old parent submits through her parent's physician EHR portal an on-line query about her parent who has moderate dementia and has become increasingly confused.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work:
•Reviewing the initial patient inquiry, reviewing the medical history, reviewing documents sent by the patient and/or obtained by clinical staff, and checking online data registries/information exchanges
•Assessing medical condition described in the patient query
•Formulating and sending the physician response (eg, a diagnosis and treatment plan, and/or request for additional information)
•Reviewing test results and other reports
•Emailing prescriptions
•Follow up communication with the patient
•Interacting with clinical staff to order diagnostic tests, coordinate care, and implement the care plan
•Completing medical record documentation of all communications
•Providing necessary care coordination, telephonic, or electronic communication assistance

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Megan Adamson, MD; Audrey Chun, MD;Tanvir Hussian, MD; David Kanter, MD; Steven Krug, MD; Mary Newman, MD					
Specialty Society(ies):	AAFP, AAP, ACP, and AGS					
CPT Code:	99423					
Sample Size:	6979	**Resp N:**	95	**Response:** 1.3 %		
Description of Sample:	Random samples from each specialty society as follows: AAFP = 2000; AAP = 2000; ACP = 2000; AGS = 979					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**1.00**	15.00	500.00
Survey RVW:	0.10	0.80	**1.05**	1.50	12.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	20.00	**25.00**	30.00	52.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99423	**Recommended Physician Work RVU: 0.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.50	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99443	XXX	0.75	**RUC Time**

CPT Descriptor Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99231	XXX	0.76	**RUC Time**	7,920,320

CPT Descriptor 1 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	0.97	**RUC Time**	98,201,339

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 35 **% of respondents:** 35.7 **%**

Number of respondents who choose 2nd Key Reference Code: 32 **% of respondents:** 32.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 99423	Top Key Reference CPT Code: 99214	2nd Key Reference CPT Code: **99443**
Median Pre-Service Time	0.00	5.00	1.00
Median Intra-Service Time	25.00	25.00	20.00
Median Immediate Post-service Time	0.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**25.00**	**40.00**	**31.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	37%	43%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	43%	51%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	43%	40%
Physical effort required	48%	26%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	26%	74%

2nd Key Reference Code

	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	31%	56%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	28%	72%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	44%	50%
Physical effort required	19%	53%	28%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	9%	22%	69%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

An expert panel of providers from each of the participating specialty societies (ie, AAFP, AAP, ACP, AGS, and AND) reviewed and discussed survey results for the physician (99421-99423) and non-physician provider (NPP) (98970-98972) eVisit codes.

Overview of 99421-99423 (Physician eVisits)

We are recommending the **median survey intra-service times** (8 minutes, 15 minutes, and 25 minutes, respectively) for all three codes. The median time is the midway point of the code descriptors for 99421 and 99422 and the expert panel agreed that the median time of 25 minutes for 99423 was appropriate and was properly aligned with the intraservice and total times for 99443 (1/20/10/31) which was one of the two key reference services.

We also are recommending the survey **25th percentile work relative value units** (wRVU) of 0.25, 0.50, and 0.80 for 99421, 99422, and 99423, respectively. These values place the codes in proper rank order to each other, to the key reference services, and to the chronic care management codes, 99487 and 99490.

99423
The key reference services are 99214 (1.50 wRVU; times of 5/25/10/40 and 99443 (0.75 wRVU; times of 1/20/10/31).

The time for 99423 is 21 or more minutes. Therefore, the expert panel recommends the median survey intra-service time of 25 minutes which is the expert panel agrees is typical. For work, the expert panel believes that the physician work for 99423 which extends over 7 days and has the same amount of intraservice time as 99214 and 5 minutes more intraservice time than 99443 should have a work value higher than 99443. Based on the fact that the survey was robust and the respondents thought the vignettes were typical, we are recommending the 25th percentile wRVU of 0.80. While the expert panel believes that the median wRVU of 1.05 may be more accurate, it is not supported by the intraservice/total time of 21 minutes. The expert panel also reviewed the chronic care management codes 99487 and 99490 which also have only intraservice time. 99487 has a time of 26 minutes and a wRVU of 1.00 while 99490 has a time of 15 minutes and a wRVU of 0.61. As these codes include work over a month and are for patients with two or more chronic conditions, the expert panel believes that a wRVU of 0.80 places 99423 in proper rank order to the CCM codes. Specifically, the time for 99423 is one minute less than 99487 but the work is less intense and occurs over a shorter period of time so the wRVU should be lower. However, 99423 has 9 more minutes of intraservice time than 99490 so the work value should be higher.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99444

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Family Medicine How often? Sometimes

Specialty Pediatrics How often? Sometimes

Specialty Geriatric/Internal Medicine How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 40000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Please see Medicare frequency estimation below. We anticipate national frequency at approximately 2 times the Medicare frequency.

Specialty Family Medicine Frequency 13333 Percentage 33.33 %

Specialty Pediatrics Frequency 13333 Percentage 33.33 %

Specialty Geriatric/Internal Medicine Frequency 13333 Percentage 33.33 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2019 RBRVS final rule (pages 2054-2055) estimates initial use of Medicare Virtual Check-in code at well over 1 million episodes per year, quickly increasing to over 19 million per year. The Medicare code has no frequency limitation (99421-99423 have a 7-day frequency limitation); therefore 99421-99423 volume will be less, since eVisits occurring within the same week will be cumulatively bundled. Based on this, we estimated that annual volume over first 3 years will average 1 million per year, with 90% allocated to 99421, 8% to 99422, and 2% to 99423.

Specialty Family Medicine Frequency 10000 Percentage 50.00 %

Specialty Pediatrics Frequency 0 Percentage 0.00 %

Specialty Geriatric/Internal Medicine Frequency 10000 Percentage 50.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Evaluation Management

BETOS Sub-classification:
Office visit

BETOS Sub-classification Level II:
Established

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99490

ISSUE: Online Digital Evaluation Service (Physician eVisit)

TAB: 21

Vignette Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	99441	Telephone evaluation and management service by a physician or othe	34	0.017			0.25			13	1				8			4					
	2nd REF	99212	Office or other outpatient visit for the evaluation and management of a	30	0.035			0.48			16	2				10			4					
	CURRENT				#DIV/0!																			
67%	AAFP	99421	Online digital evaluation and management service, for an establis	3	0.070	0.18	0.27	0.35	0.43	0.50	5			3	4	5	8	10		0	0	0	2	3
88%	AAP	99421	Online digital evaluation and management service, for an establis	33	0.044	0.02	0.25	0.35	0.48	1.20	8			2	7	8	10	17		0	0	4	30	500
94%	ACP	99421	Online digital evaluation and management service, for an establis	32	0.060	0.15	0.27	0.48	0.50	5.00	8			2	5	8	10	20		0	0	18	53	720
83%	AGS	99421	Online digital evaluation and management service, for an establis	24	0.057	0.20	0.29	0.40	0.50	1.25	7			3	5	7	10	25		0	0	8	53	1000
88%	Total SVY	99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	92	0.050	0.02	0.25	0.40	0.50	5.00	8			2	5	8	10	25		0	0	5	50	1000
	REC	99421			0.031			0.25			8					8								
	1st REF	99442	Telephone evaluation and management service by a physician or othe	34	0.024			0.50			21	1				15			5					
	2nd REF	99213	Office or other outpatient visit for the evaluation and management of a	29	0.053			0.97			23	3				15			5					
	CURRENT				#DIV/0!																			
67%	AAFP	99422	Online digital evaluation and management service, for an establis	3	0.038	0.40	0.43	0.45	0.55	0.65	12			5	9	12	14	15		0	0	0	2	3
79%	AAP	99422	Online digital evaluation and management service, for an establis	34	0.032	0.29	0.50	0.58	0.95	1.75	18			4	15	18	20	30		0	0	5	19	900
91%	ACP	99422	Online digital evaluation and management service, for an establis	32	0.051	0.30	0.60	0.76	1.00	9.00	15			4	12	15	20	30		0	0	11	35	1000
93%	AGS	99422	Online digital evaluation and management service, for an establis	27	0.054	0.40	0.58	0.75	0.97	2.88	14			6	12	14	17	35		0	0	4	33	500
87%	Total SVY	99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	96	0.047	0.29	0.50	0.70	0.97	25.00	15			4	12	15	20	35		0	0	5	35	1000
	REC	99422			0.033			0.50			15					15								
	1st REF	99214	Office or other outpatient visit for the evaluation and management of a	35	0.047			1.50			40	5				25			10					
	2nd REF	99443	Telephone evaluation and management service by a physician or othe	32	0.025			0.75			31	1				20			10					
	CURRENT				#DIV/0!																			
67%	AAFP	99423	Online digital evaluation and management service, for an establis	3	0.043	0.50	0.68	0.85	1.13	1.40	20			9	15	20	20	20		0	0	0	0	0
91%	AAP	99423	Online digital evaluation and management service, for an establis	33	0.040	0.38	0.78	1.00	1.40	2.50	25			7	22	25	30	52		0	0	1	5	100
90%	ACP	99423	Online digital evaluation and management service, for an establis	31	0.048	0.25	0.94	1.05	1.50	12.00	22			6	19	22	29	40		0	0	4	18	500
100%	AGS	99423	Online digital evaluation and management service, for an establis	28	0.048	0.10	0.75	1.16	1.50	3.14	24			9	20	24	28	50		0	0	2	22	240
93%	Total SVY	99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	95	0.042	0.10	0.80	1.05	1.50	12.00	25			6	20	25	30	52		0	0	1	15	500
	REC	99423			0.032			0.80			25					25								

ISSUE: Online Digital Evaluation Service (eVisit)
TAB: 21 & 41c

Vignette Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	99441	Telephone evaluation and management service by a physician or other q	34	0.017			0.25			13	1				8			4					
	2nd REF	99212	Office or other outpatient visit for the evaluation and management of an e	30	0.035			0.48			16	2				10			4					
	CURRENT				#DIV/0!																			
67%	AAFP	99421	Online digital evaluation and management service, for an established pa	3	0.070	0.18	0.27	0.35	0.43	0.50	5			3	4	5	8	10		0	0	0	2	3
88%	AAP	99421	Online digital evaluation and management service, for an established pa	33	0.044	0.02	0.25	0.35	0.48	1.20	8			2	7	8	10	17		0	0	4	30	500
94%	ACP	99421	Online digital evaluation and management service, for an established pa	32	0.060	0.15	0.27	0.48	0.50	5.00	8			2	5	8	10	20		0	0	18	53	720
83%	AGS	99421	Online digital evaluation and management service, for an established pa	24	0.057	0.20	0.29	0.40	0.50	1.25	7			3	5	7	10	25		0	0	8	53	1000
88%	Total SVY	99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	92	0.050	0.02	0.25	0.40	0.50	5.00	8			2	5	8	10	25		0	0	5	50	1000
	REC	99421			0.031			0.25			8					8								

Vignette Typical	Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
	1st REF	98966	Telephone evaluation and management service provided by a qualified r	23	0.017			0.25			13	1				8			4					
	2nd REF	99446	Interprofessional telephone/Internet/electronic health record assessment	8	0.021			0.35			16	3				8			5					
	CURRENT				#DIV/0!						0													
77%	SVY	98970	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	43	0.035	0.10	0.25	0.28	0.47	28.10	8			3	7	8	14	22	0	0	0	8	20	1000
	REC	98970			0.031			0.25			8					8								
	1st REF	99442	Telephone evaluation and management service by a physician or other q	34	0.024			0.50			21	1				15			5					
	2nd REF	99213	Office or other outpatient visit for the evaluation and management of an e	29	0.053			0.97			23	3				15			5					
	CURRENT				#DIV/0!																			
67%	AAFP	99422	Online digital evaluation and management service, for an established pa	3	0.038	0.40	0.43	0.45	0.55	0.65	12			5	9	12	14	15		0	0	0	2	3
79%	AAP	99422	Online digital evaluation and management service, for an established pa	34	0.032	0.29	0.50	0.58	0.95	1.75	18			4	15	18	20	30		0	0	5	19	900
91%	ACP	99422	Online digital evaluation and management service, for an established pa	32	0.051	0.30	0.60	0.76	1.00	9.00	15			4	12	15	20	30		0	0	11	35	1000
93%	AGS	99422	Online digital evaluation and management service, for an established pa	27	0.054	0.40	0.58	0.75	0.97	2.88	14			6	12	14	17	35		0	0	4	33	500
87%	Total SVY	99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	96	0.047	0.29	0.50	0.70	0.97	25.00	15			4	12	15	20	35		0	0	5	35	1000
	REC	99422			0.033			0.50			15					15								

	1st REF	98967	Telephone evaluation and management service provided by a qualified r	23	0.024			0.50			21	1			15			5					
	2nd REF	99447	Interprofessional telephone/Internet/electronic health record assessment	10	0.035			0.70			23	3			15			5					
	CURRENT				#DIV/0!						0												
81%	SVY	98971	Qualified nonphysician healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	48	0.033	0.18	0.44	0.50	0.70	38.15	15		5	15	15	20	38	0	0	0	6	17	700
	REC	98971			0.033			0.50			15				15								
	1st REF	99214	Office or other outpatient visit for the evaluation and management of an e	35	0.047			1.50			40	5			25			10					
	2nd REF	99443	Telephone evaluation and management service by a physician or other q	32	0.025			0.75			31	1			20			10					
	CURRENT				#DIV/0!																		
67%	AAFP	99423	Online digital evaluation and management service, for an established pa	3	0.043	0.50	0.68	0.85	1.13	1.40	20		9	15	20	20	20		0	0	0	0	0
91%	AAP	99423	Online digital evaluation and management service, for an established pa	33	0.040	0.38	0.78	1.00	1.40	2.50	25		7	22	25	30	52		0	0	1	5	100
90%	ACP	99423	Online digital evaluation and management service, for an established pa	31	0.048	0.25	0.94	1.05	1.50	12.00	22		6	19	22	29	40		0	0	4	18	500
100%	AGS	99423	Online digital evaluation and management service, for an established pa	28	0.048	0.10	0.75	1.16	1.50	3.14	24		9	20	24	28	50		0	0	2	22	240
93%	Total SVY	99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	95	0.042	0.10	0.80	1.05	1.50	12.00	25		6	20	25	30	52		0	0	1	15	500
	REC	99423			0.032			0.80			25				25								
	1st REF	98968	Telephone evaluation and management service provided by a qualified r	25	0.020			0.75			36	1			25			10					
	2nd REF	99448	Interprofessional telephone/Internet/electronic health record assessment	6	0.033			1.05			35	5			25			5					
	CURRENT				#DIV/0!						0												
85%	SVY	98972	Qualified nonphysician qualified healthcare professional online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	48	0.029	0.25	0.69	0.75	1.00	56.80	26		6	20	26	30	60	0	0	0	5	21	780
	REC	98972			0.032			0.80			25				25								

CPT Code: 99421-99423
Specialty Society: AAFP, AAP, ACP, AGS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

99421	Online digital evaluation and management service, for an established patient, cumulative time during 7 days; 5-10 minutes
99422	11-20 minutes
99423	21 or more minutes

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The RUC advisors for each of the participating specialty societies composed an expert panel for purposes of developing recommended PE inputs for these codes. The expert panel of advisors conferred by email and met by conference call to develop their recommendations.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Reference code:
   99444 (Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network)

   The expert panel considered the direct practice expense inputs for 99444 as recommended to the RUC in 2007, the most recent date the RUC considered this code. The expert panel is aware that, when CMS chose not to cover 99444, it disregarded both the physician work and direct practice expense inputs. Thus, the practice expense spreadsheet accompanying this summary of recommendation shows both the current inputs (none) for 99444 in columns I and J and the inputs as recommended to the RUC in 2007 (columns G and H).

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

These are new codes, and the reference code (99444) is not covered by Medicare, so we have no data on utilization. For new codes 99421-99423, we anticipate that primary care physicians (i.e. family physicians, general internists, general pediatricians, and geriatricians) will be the dominant providers in the non-facility setting and provide this service more than 50% of the time. We anticipate that the dominant provider in the non-facility setting will be the same as the dominant provider in all other settings.

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   (not applicable)

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   (not applicable)

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

   (not applicable)

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   (not applicable)

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Clinical staff collect relevant information from the electronic health record for use by the physician or other qualified healthcare professional (QHP) after initial review of the communication by the physician or QHP and assist in follow-up communications and coordination of care (e.g., scheduling appointments, managing follow-up, such as obtaining prior authorization and addressing pharmacy issues).

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

    The specialties used 50 percent of the physician/professional intra-service time for the intra-service (of the service period) clinical staff time. The specialties derived this percentage of physician/professional time based on the experience of the expert panel. As noted, clinical staff

collect relevant information from the electronic health record for use by the physician or other QHP after initial review of the communication by the physician or QHP and assist in follow-up communications and coordination of care (e.g., scheduling appointments, managing follow-up, such as obtaining prior authorization and addressing pharmacy issues). This time will correspond to the amount of physician/QHP time, because there may be multiple communications transpiring over the seven days covered by the codes. More communications typically reflect more complexity and are associated with the need for clinical staff to spend more time on activities such as care coordination, follow-up appointments, etc.

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:

    (not applicable)

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    (not applicable)

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    (not applicable)

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

    (not applicable)

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    ED021 - computer, desktop, w-monitor –Other formula
    This equipment is used by clinical staff to carry out the work of assisting the physician/professional. It is also used by the physician/professional to provide service, which is in addition to the clinical staff time. The formula reflects clinical staff time plus physician/professional intra-service time.

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

    (not applicable)

17. If there is any other item on your spreadsheet that needs further explanation, please include here:

As a point of comparison, the expert panel noted that, in 2007, the specialties recommended 6 minutes of clinical staff time for reference code 99444. That time was apportioned as follows:

> 2 minutes of pre-service clinical labor time for "The clinical staff receives the on-line communication from the patient. Clinical staff requests the patients chart and reviews the

patient's information. The decision is made to have the physician communicate with the patient to discuss the problem." This time is shown in cell G21 of the accompanying practice expense spreadsheet.

4 minutes of post-service clinical labor time for "The physician gives the clinical staff the patients chart or note. The clinical staff makes any necessary telephone calls to fill the physician orders (i.e. pharmacy, tests). The information is documented in the chart and the chart is ready to be filed." This time is shown in cell G85 of the accompanying practice expense spreadsheet.

18. Please include an explanation of each line item:

(not applicable)

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**CURRENT**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**99444 (as recommended by specialties in 2007)**		**99444**		**99421**		**99422**		**99423**		**98969 (as recommended by specialties in 2007)**		**98969**	
3		***RUC Collaboration Website***																	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Online evaluation and management service provided by a physician or other		Online evaluation and management service provided by a physician or other		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online assessment and management service provided by a qualified		Online evaluation and management service provided by a physician or other	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 2.22**	**$ -**	**$ -**	**$ -**	**$ 1.59**	**$ -**	**$ 2.97**	**$ -**	**$ 4.95**	**$ -**	**$ 4.08**	**$ 1.86**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**6.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 2.22**	**$ -**	**$ -**	**$ -**	**$ 1.48**	**$ -**	**$ 2.78**	**$ -**	**$ 4.63**	**$ -**	**$ 2.22**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**																	
14		**Start: Following visit when decision for surgery or procedure made**																	
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37														
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37														
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37														
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37														
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37														
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.37														
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37	2										2			
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37														
29		**End: When patient enters office/facility for surgery/procedure**																	
30		**SERVICE PERIOD**																	
31		**Start: When patient enters office/facility for surgery/procedure:**																	
32		**Pre-Service (of service period)**																	
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.37														
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37														
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37														
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37														
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37														
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37														
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37														
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37														
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37														
48		**Intra-service (of service period)**																	
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.37														
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.37														
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.37					4		7.5		12.5					
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.37														
59		**Post-Service (of service period)**																	
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37														
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37														
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37														
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.37														
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37														
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37														
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37														
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37														
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.37														
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.37														
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue	L037D	RN/LPN/MTA	0.37														
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37														
72	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.37														
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37														
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**	
81		**End: Patient leaves office**																	
82		**POST-SERVICE PERIOD**																	
83		**Start: Patient leaves office/facility**																	
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37														
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37	4										4			
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**																	

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**CURRENT**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**99444 (as recommended by specialties in 2007)**		**99444**		**99421**		**99422**		**99423**		**98969 (as recommended by specialties in 2007)**		**98969**	
3		***RUC Collaboration Website***																	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Online evaluation and management service provided by a physician or other		Online evaluation and management service provided by a physician or other		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online digital evaluation and management service, for an established		Online assessment and management service provided by a qualified		Online evaluation and management service provided by a physician or other	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 2.22**	**$ -**	**$ -**	**$ -**	**$ 1.59**	**$ -**	**$ 2.97**	**$ -**	**$ 4.95**	**$ -**	**$ 4.08**	**$ 1.86**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**6.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**2.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**7.5**	**0.0**	**12.5**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.37	**4.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**4.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**															
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1.86**	**$ 1.86**	**$ -**	**$ -**
102	SK062	patient education booklet	1.8625	item												1	1		
103		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*																	
105	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**														
106		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.11**	**$ -**	**$ 0.20**	**$ -**	**$ 0.33**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
107	ED021	computer, desktop, w-monitor	2208.8333	Other Formula	0.008751831					12		22.5		37.5					
108																			
109																			
110																			
111																			
112																			
113		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*																	

	A	B	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**98970**		**98971**		**98972**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.07**	**$ -**	**$ 0.13**	**$ -**	**$ 0.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms						
16	CA002	Coordinate pre-surgery services (including test results)						
17	CA003	Schedule space and equipment in facility						
18	CA004	Provide pre-service education/obtain consent						
19	CA005	Complete pre-procedure phone calls and prescription						
20	CA006	Confirm availability of prior images/studies						
21	CA007	Review patient clinical extant information and questionnaire						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies						
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
41	CA017	Sedate/apply anesthesia						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)						
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)						
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)						
52	CA021	Perform procedure/service---NOT directly related to physician work time						
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff						
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page						
69	CA031	Review examination with interpreting MD/DO						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue						
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (non-PACS) (e.g. mandated reporting, registry logs, EEG file, etc.)						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management	**n/a**		**n/a**		**n/a**	
81		**End: Patient leaves office**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
84	CA037	Conduct patient communications						
85	CA038	Coordinate post-procedure services						
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**						

	A	B	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***	**98970**		**98971**		**98972**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 21 (RUC) and 41c (HCPAC) - As amended by PE Subcommittee Specialty: AAFP, AAP, ACP, AGS, AND**	Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online		Qualified nonphysician healthcare professional online	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 0.07**	**$ -**	**$ 0.13**	**$ -**	**$ 0.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SK062	patient education booklet						
103		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
105	**Equipment Code**	**EQUIPMENT**						
106		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.07**	**$ -**	**$ 0.13**	**$ -**	**$ 0.22**	**$ -**
107	ED021	computer, desktop, w-monitor	8		15		25	
108								
109								
110								
111								
112								
113		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Surveyed by one Specialty and Now Performed by a Different Specialty*

January 2019

Bone Biopsy Trocar/Needle – Tab 22

In October 2017, CPT code 20225 was identified as being performed by a different specialty than who originally surveyed this service. In January 2018 the specialty society recommended and the RUC agreed that this service be surveyed for the 2020 CPT cycle. Image guidance (ultrasound, fluoroscopy, CT) and localization may be reported separately for this family of services.

Compelling Evidence
The RUC reviewed the argument for compelling evidence. For both services, the specialty performing the procedure has changed. Previously for code 20220, the code was surveyed only by General Surgery during the Harvard Review process. For code 20225, the code was surveyed by Orthopedic Surgery during the RUC review performed in August 1995. Since that time, Radiology has become the dominant provider for both services and was not a participant in the prior review. The RUC accepted compelling evidence based on a change in the specialty performing the procedure and the current dominant specialty not having been involved in the prior review process.

20220 ***Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)***
The RUC reviewed the survey results from 50 radiologists and agreed on the following physician time components: 7 minutes of pre-service evaluation, 6 minutes of pre-service positioning, 5 minutes of pre-service scrub/dress/wait, 20 minutes of intra-service time and 12 minutes of immediate post-service time. The RUC determined that the survey 25th percentile work RVU of 1.93 appropriately accounts for the physician work involved in performing this service. The RUC noted that the current times for this service are over 25 years old from the Harvard study and not valid for comparison. The IWPUT for the current times is similar to scrub/dress/wait IWPUT, which strongly implies the current times are highly inflated relative to the current work RVU and not valid for comparison to the new times. In addition, the RUC noted that this service is typically performed with image guidance. The RUC accounted for this typical overlap in both their pre-service evaluation time and 25th percentile work value recommendation.

To justify a work RVU of 1.93, the RUC compared the survey code to CPT code 30905 *Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial* (work RVU= 1.97, intra-service time of 20 minutes, total time of 44 minutes) and noted that the survey code involves identical intra-service time and somewhat more total time and a similar amount of physician work, justifying a similar valuation. The RUC also compared the survey code to CPT code 45334 *Sigmoidoscopy, flexible; with control of bleeding, any method* (work RVU= 2.00, intra-service time of 20 minutes, total time of 53 minutes) and noted that both services involve identical intra-service time and the reference code involves 3 more minutes of total time. **The RUC recommends a work RVU of 1.93 for CPT code 20220.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

20225 ***Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)***
The RUC reviewed the survey results from 50 radiologists and agreed on the following physician time components: 7 minutes of pre-service evaluation, 6 minutes of pre-service positioning, 6 minutes of pre-service scrub/dress/wait, 30 minutes of intra-service time and 15 minutes of immediate post-service time. The RUC determined the survey 25th percentile work RVU of 3.00 appropriately accounts for the work involved to perform this service. The IWPUT for the current times is similar to scrub/dress/wait IWPUT, which strongly implies the current times are highly inflated relative to the current work RVU and not valid for comparison to the new times. In addition, the RUC noted that this service is typically performed with image guidance. The RUC accounted for this typical overlap in both their pre-service evaluation time and 25th percentile work value recommendation.

To justify a work RVU of 3.00, the RUC compared the survey code to CPT Code 43247 *Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)* (work RVU= 3.11, intra-service time of 30 minutes, total time of 58 minutes) and noted that the survey code involves identical intra-service time and somewhat more total time and a similar amount of physician work, justifying a similar valuation. The RUC also compared the survey code to CPT code 44389 *Colonoscopy through stoma; with biopsy, single or multiple* (work RVU= 3.02, intra-service time of 30 minutes, total time of 65 minutes) and noted that both services involve identical intra-service time, similar total times and a similar amount of physician work. **The RUC recommends a work RVU of 3.00 for CPT code 20225.**

Practice Expense
The PE Subcommittee removed the supply item SF040 the vicryl suture and replaced it with a nylon suture for CPT code 20220. The PE Subcommittee added the supply item SB033 mask, surgical for both codes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
20220 **(f)**	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	000	1.93
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	000	3.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20220 Tracking Number Original Specialty Recommended RVU: **1.93**
Presented Recommended RVU: **1.93**
Global Period: 000 Current Work RVU: **1.27** RUC Recommended RVU: **1.93**

CPT Descriptor: Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male with pelvic pain is found to have a destructive lesion of the iliac bone. A bone biopsy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Obtain and review pre-procedural imaging, pathology, and laboratory studies (i.e., coagulation studies). Consult with referring physician and other health care professionals as necessary (e.g. tract planning/marking if biopsy for bone tumor). Communicate with patient and/or family to explain operative risks and benefits and to obtain informed consent. Arrange for intra-procedure pathology assessment as needed, particularly for potential tumor biopsies, including contingency that special consultation may be required because of frequent difficulties with bone lesions. Position patient based on lesion location, with attention to proximity of major vascular structures and organs, as well as any planned post-biopsy treatment approach. Coordinate positioning with the need for imaging and the capacity to get adequate images in all necessary planes. Mark surface anatomy for current and future localization if needed. Ensure all instruments and equipment needed for the procedure are available. Prepare and drape patient.

Description of Intra-Service Work: After images are checked for appropriate position and proposed percutaneous tract, the site is infiltrated with local anesthetic. Confirm the needle position with imaging, remove the stylet and place the biopsy device through the needle. If necessary, administer additional local anesthetic in sensitive areas. As the biopsy device penetrates the bone, acquire additional images to confirm depth, location, and proximity to the lesion. Acquire biopsy specimens as appropriate for the lesion and pathology requirements. As needed, submit tissue to the pathologist for initial assessment to confirm adequacy of biopsy. Submit additional samples for microbiologic study, as necessary. Once adequate biopsy material is obtained, withdraw the equipment and close the wound as necessary.

Description of Post-Service Work: Apply sterile dressings and complete appropriate post-procedure monitoring. Communicate (including written and oral reports and orders) with family and other health care professionals immediately following procedure. In the case of vascular lesions or biopsies in proximity to major vessels or nerves, carefully monitor neurovascular functions and hemodynamics. For thoracic lesions, monitor respiratory functions, and, as indicated, obtain X-rays to check for pneumothorax. Inform patient and family of tentative findings and apprise them of the degree of uncertainty and plans for additional care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD, Daniel Wessell, MD, PhD, Andrew Moriarity, MD, Curtis Anderson, MD		
Specialty(s):	ACR, SIR		
CPT Code:	20220		
Sample Size:	899	**Resp N:** 50	**Response:** 5.5 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform muskuloskeletal and interventional radiology procedures). The SIR surveyed a total of 149 physicians of their membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	30.00	100.00
Survey RVW:	1.60	1.93	**2.63**	3.18	8.00
Pre-Service Evaluation Time:			**28.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**12.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	20220	**Recommended Physician Work RVU: 1.93**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**18.00**	**-11.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**12.00**	**18.00**	**-6.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62267	000	3.00	**RUC Time**

CPT Descriptor Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
47000	000	1.65	**RUC Time**

CPT Descriptor Biopsy of liver, needle; percutaneous

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36514	000	1.81	**RUC Time**	28,945

CPT Descriptor 1 Therapeutic apheresis; for plasma pheresis

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	14,111

CPT Descriptor 2 Aspiration of bladder; with insertion of suprapubic catheter

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 28.0 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 28.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 20220	**Top Key Reference CPT Code:** 62267	**2nd Key Reference CPT Code:** **47000**
Median Pre-Service Time	18.00	34.00	20.00
Median Intra-Service Time	20.00	30.00	20.00
Median Immediate Post-service Time	12.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**50.00**	**79.00**	**55.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	29%	21%	43%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	36%	36%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	43%	36%	21%

Physical effort required	14%	43%	43%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	36%	43%	21%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	21%	36%	43%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	50%	43%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	21%	43%	36%
Physical effort required	0%	57%	43%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	64%	7%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 20225 *(Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur))* was identified by the "Surveyed by one Specialty and Now Performed by a Different Specialty" screen. The American College of Radiology and the Society of Interventional Radiology expanded the family to include the additional biopsy code, 20220 *(Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)).* The specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform muskuloskeletal and interventional radiology procedures). The SIR surveyed a total of 149 physicians from their membership.

Compelling Evidence

The specialty performing this procedure has changed. Previously, the code was surveyed by General Surgery during the Harvard Review process. Since that time, Radiology has become the dominant provider and was not a participant in the prior review.

Work RVU Recommendation

The specialties recommend a work RVU of 1.93 for CPT code 20220, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the times of 29 minutes of pre-service using adjustments from pre-service package 2 (difficult patient, straightforward procedure).

We recommend the standard 18 minutes of pre-service evaluation. We recommend 6 minutes of pre-service positioning time, which is 5 minutes more than the standard. We are recommending 5 minutes of preservice scrub, dress and wait time, which is one minute less than the standard of 6 minutes.

We recommend survey median times of 20 minutes for intra-service and 5 minutes of post-service.

This is a total recommended time of 61 minutes for CPT code 20220.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **62267** *(Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes)*, chosen by 28% of respondents, and
- **47000** *(Biopsy of liver, needle; percutaneous)*, chosen by 28% respondents.

The surveyed code involves biopsy of a superficial lesion and survey respondents appropriately assigned this code less total time and intra service time compared to the first key reference service, CPT code 62267, which involves aspiration of a deeper musculoskeletal structure in the spine which is a more complex area. Compared to the second key reference service, CPT code 47000 which is a liver biopsy, the respondents reported that the surveyed code had identical intra time although the biopsy of a bone lesion for a potentially infectious or malignant lesion was assigned an appropriately higher RVU and IWPUT as the indication results in a greater intensity of work compared to the liver biopsy. Additionally, there is more total time

(predominately pre-service) in 20220 compared to 47000, which accounts for a portion of the RVU differential. The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
47000	Biopsy of liver, needle; percutaneous	1.65	20	20	15	55	0.0469
20220	**Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**	**1.93**	**29**	**20**	**12**	**61**	**0.0542**
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	3.00	34	30	15	79	0.0682

MPC Codes

The surveyed code is bracketed by two MPC codes 36514 *(Therapeutic apheresis; for plasma pheresis)* and 51102 *(Aspiration of bladder; with insertion of suprapubic catheter).* The therapeutic apheresis code has the same intra-service time and an appropriately lower RVU and IWPUT compared to the surveyed code, which is invasive procedure with similar total time. Both the surveyed code and 51102 are invasive procedures with the same intra-service time. While 51102 has lower total time, it does require placement of an indwelling device (catheter), which is more intense work than a biopsy, and so is valued appropriately higher. The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
36514	Therapeutic apheresis; for plasma pheresis	1.81	29	20	15	64	0.0412
20220	**Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**	**1.93**	**29**	**20**	**12**	**61**	**0.0542**
51102	Aspiration of bladder; with insertion of suprapubic catheter	2.70	25	20	15	60	0.0938

Summary of Recommendations for CPT Code 20220

The societies recommend 1.93 RVU with service period times of 29, 20, and 12 minutes for CPT code 20220.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
20220	**Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**	**1.93**	**29**	**20**	**12**	**61**	**0.0542**
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	3.00	20	30	15	75	0.0693

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 20220 is typically billed with CPT code 77012 (Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20220

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 34827
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The service described by CPT code 20220 is estimated to be provided 34,827 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 22369 Percentage 64.22 %

Specialty Interventional Radiology Frequency 4799 Percentage 13.77 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,609
If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70480 is estimated to be provided 11,609 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 7456 Percentage 64.22 %

Specialty Interventional Radiology Frequency 1600 Percentage 13.78 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20220

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:20225 Tracking Number Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: 000 Current Work RVU: **1.87** RUC Recommended RVU: **3.00**

CPT Descriptor: Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male with back pain is found to have a destructive lesion of the L3 vertebral body. A bone biopsy is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Obtain and review pre-procedural imaging, pathology, and laboratory studies (i.e., coagulation studies). Consult with referring physician and other health care professionals as necessary (e.g. tract planning/marking if biopsy for bone tumor). Communicate with patient and/or family to explain operative risks and benefits and to obtain informed consent. Arrange for intra-procedure pathology assessment as needed, particularly for potential tumor biopsies, including contingency that special consultation may be required because of frequent difficulties with bone lesions. Position patient based on lesion location, with attention to proximity of major vascular structures and organs, as well as any planned post-biopsy treatment approach. Coordinate positioning with the need for imaging and the capacity to get adequate images in all necessary planes. Mark surface anatomy for current and future localization if needed.
Ensure all instruments and equipment needed for the procedure are available. Prepare and drape patient.

Description of Intra-Service Work: After images are checked for appropriate position and proposed percutaneous tract, the site is infiltrated with local anesthetic. Confirm the needle position with imaging, remove the stylet and place the biopsy device through the needle. If necessary, administer additional local anesthetic in sensitive areas.
As the biopsy device penetrates the bone, acquire additional images to confirm depth, location, and proximity to the lesion. Acquire biopsy specimens as appropriate for the lesion and pathology requirements. As needed, submit tissue to the pathologist for initial assessment to confirm adequacy of biopsy. Submit additional samples for microbiologic study, as necessary. Once adequate biopsy material is obtained, withdraw the equipment and close the wound as necessary.

Description of Post-Service Work: Apply sterile dressings and complete appropriate post-procedure monitoring. Communicate (including written and oral reports and orders) with family and other health care professionals immediately following procedure. In the case of vascular lesions or biopsies in proximity to major vessels or nerves, carefully monitor neurovascular functions and hemodynamics. For thoracic lesions, monitor respiratory functions, and, as indicated, obtain X-rays to check for pneumothorax. Inform patient and family of tentative findings and apprise them of the degree of uncertainty and plans for additional care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD, Daniel Wessell, MD, PhD, Andrew Moriarity, MD, Curtis Anderson, MD		
Specialty(s):	ACR, SIR		
CPT Code:	20225		
Sample Size:	899	**Resp N:** 50	**Response:** 5.5 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform muskuloskeletal and interventional radiology procedures). The SIR surveyed a total of 149 physicians of their membership.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	9.00	**20.00**	30.00	70.00
Survey RVW:	1.60	3.00	**3.25**	3.50	8.00
Pre-Service Evaluation Time:			**30.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.00**		
Intra-Service Time:	5.00	20.00	**30.00**	40.00	60.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	20225	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**18.00**	**-11.00**
Pre-Service Positioning Time:		**6.00**	**1.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**18.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
62267	000	3.00	**RUC Time**

CPT Descriptor Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32550	000	3.92	**RUC Time**

CPT Descriptor Insertion of indwelling tunneled pleural catheter with cuff

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
10030	000	2.75	**RUC Time**	8,261

CPT Descriptor 1 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	32,181

CPT Descriptor 2 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

Other Reference CPT Code	Global	Work RVU	Time Source
52332	000	2.82	**RUC Time**

CPT Descriptor Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 60.0 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 16.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 20225	**Top Key Reference CPT Code:** 62267	**2nd Key Reference CPT Code:** **32550**
Median Pre-Service Time	19.00	34.00	35.00
Median Intra-Service Time	30.00	30.00	30.00
Median Immediate Post-service Time	15.00	15.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**64.00**	**79.00**	**85.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	43%	50%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	63%	33%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	3%	53%	43%

Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	63%	37%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	13%	38%	50%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	38%	63%
Physical effort required	0%	38%	63%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	13%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT code 20225 *(Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur))* was identified by the "Surveyed by one Specialty and Now Performed by a Different Specialty" screen. The American College of

Radiology and the Society of Interventional Radiology expanded the family to include the additional biopsy code, 20220 *(Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs))*. The specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform muskuloskeletal and interventional radiology procedures). The SIR surveyed a total of 149 physicians from their membership.

Compelling Evidence

The specialty performing this procedure has changed. Previously, the code was surveyed by Orthopedic Surgery during the RUC review performed in August 1995. Since that time, Radiology has become the dominant provider and was not a participant in the prior survey.

Work RVU Recommendation

The specialties recommend the current work RVU of 3.00 for CPT code 20225, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the times of 30 minutes of pre-service using adjustments from pre-service package 2 (difficult patient, straightforward procedure).

We recommend the standard 18 minutes of pre-service evaluation. We recommend 6 minutes of pre-service positioning time, which is 5 minutes more than the standard. We are recommending 6 minutes of preservice scrub, dress and wait time, which is the standard.

We recommend survey median times of 30 minutes for intra-service and 15 minutes of post-service.

This is a total recommended time of 75 minutes for CPT code 20225.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **62267** *(Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes)*, chosen by 60% respondents, and
- **32550** *(Insertion of indwelling tunneled pleural catheter with cuff)*, chosen by 16% respondents.

The surveyed code involves biopsy of a deep lesion such as a vertebral body and survey respondents appropriately assigned this code identical intra-service time and RVU compared to the first key reference service, code 62267, which also involves aspiration of a deep musculoskeletal structure in the spine, in this case the intervertebral disc. The second key reference service, code 32550, involves insertion of an indwelling catheter which unlike a biopsy has a component of more intense work involving the vasculature and planning for leaving the catheter in place after the procedure and therefore has an appropriately higher RVU and IWPUT compared to the surveyed code. The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
62267	Percutaneous aspiration within	3.00	34	30	15	79	0.0682

	the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes						
20225	**Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**	**3.00**	**30**	**30**	**15**	**75**	**0.0693**
32550	Insertion of indwelling tunneled pleural catheter with cuff	3.92	35	30	20	85	0.0944

MPC Codes

The surveyed code is bracketed by two 000-day global MPC codes 10030 *(Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous)* and 37191 *(Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed).* The image guided fluid collection drainage code has the same intra-service time and nearly the same total time (76 compared to 75 minutes) and an appropriately lower RVU and IWPUT compared to the surveyed code, which is also an invasive procedure but requires increased technical skill to access deeper anatomic structures compared to 10030. The IVC filter insertion code has the same intra-service time and nearly the same total time as the surveyed code, but with a higher RVU and appropriately higher IWPUT compared to the surveyed code. While both of these codes are invasive procedures, 37191 requires more technical skill and has increased risks compared with 20225.
Additionally, MPC code 52332 (Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)) is also a reasonable comparison with 20225. This code has slightly lower intra-service time (25 minutes compared with 30 minutes) and lower total time (56 minutes compared with 75 minutes) relative to the surveyed code, 20225. The value of 20225 is appropriately higher than 52332 for these reasons. The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	2.75	26	30	20	76	0.0597
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	2.82	21	25	10	56	0.0879
20225	**Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**	**3.00**	**30**	**30**	**15**	**75**	**0.0693**
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.46	28	30	15	73	0.1189

Summary of Recommendations for CPT Code 20225

The societies recommend 3.00 RVU with service period times of 30, 30, and 15 minutes for CPT code 20225.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 20225 is typically billed with CPT code 77012 (Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation).

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20225

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 42897
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. The service described by CPT code 20225 is estimated to be provided 42,897 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 32392 Percentage 75.51 %

Specialty Interventional Radiology Frequency 7297 Percentage 17.01 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,299
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 20225 is estimated to be provided 14,299 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 10797 Percentage 75.50 %

Specialty Interventional Radiology Frequency 2432 Percentage 17.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 20225

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Bone Biopsy-Trocar/Needle

TAB: 22

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	14	0.0682			3.00			79	14	10	10			30			15					
2nd REF	47000	Biopsy of liver, needle; percutaneous	14	0.0469			1.65			55	14	1	5			20			15					
Harvard	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)		0.0302			1.27			49	14					22			13					
SVY	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	50	0.0735	1.60	1.93	2.63	3.18	8.00	75	28	10	5	5	15	20	30	60	12	0	10	20	30	100
SVY - ACR	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	23	0.0681	1.65	2.13	2.75	3.00	3.60	75	25	10	5	10	20	25	40	60	10	0	4	20	28	75
SVY - Subset	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	15	0.0551	1.65	2.13	2.70	3.00	3.60	80	25	10	5	10	20	30	43	60	10	0	6	20	25	50
SVY - Random	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	8	0.0811	1.65	2.38	2.78	3.14	3.34	67	25	5	5	15	19	23	33	60	9	0	4	15	35	75
SVY - SIR	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	27	0.0776	1.60	1.83	2.50	3.38	8.00	81	31	10	10	5	10	15	30	47	15	4	10	20	30	100
REC	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)		0.0665			1.93			50	7	6	5			20			12					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	30	0.0682			3.00			79	14	10	10			30			15					
2nd REF	32550	Insertion of indwelling tunneled pleural catheter with cuff	8	0.0944			3.92			85	10	15	10			30			20					
Aug-95	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)		0.0032			1.87			135	45					60			30					
SVY	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	50	0.0654	1.60	3.00	3.25	3.50	8.00	92	30	10	7	5	20	30	40	60	15	0	9	20	30	70
SVY - ACR	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	23	0.0719	1.65	3.00	3.25	3.40	4.00	82	27	10	5	15	23	30	45	60	10	0	6	10	40	60
SVY - Subset	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	15	0.0734	1.65	3.00	3.25	3.50	4.00	80	25	10	5	20	23	30	43	60	10	0	10	15	40	60
SVY - Random	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	8	0.0627	2.00	3.00	3.13	3.27	3.40	80	25	6	5	15	28	35	45	60	9	0	5	9	20	50
SVY - SIR	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	27	0.0766	1.60	3.00	3.25	4.00	8.00	91	31	10	10	5	15	25	35	60	15	0	10	20	30	70
REC	20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)		0.0775			3.00			64	7	6	6			30			15					

CPT Code: 20220 & 20225
Specialty Society: ACR & SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Global Period: 000 **Meeting Date:** January 2019

20220 *Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)*

20225 *Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)*

---

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   ACR and SIR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these bone biopsy via trocar or needle procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   CPT Codes 20220 and 20225 are current codes. As such, we included the existing direct practice expense inputs for those two codes on the PE spreadsheet. The specialties also included the direct practice expense inputs for CPT Code 77012 *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation* to ensure there is no overlap with imaging inputs.

3. **Is this code(s) typically billed with an E/M service?** No
   Is this code(s) typically billed with the E/M service in the nonfacility? 20220: 28% and 20225: 27%
   (Please see provided data in PE Subcommittee folder)

4. **If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:**

   The specialties are recommending pre-service clinical time (less than the amount for "extensive use").

   CA001 - The time is needed to review the referral request from the referring physician (diagnosis, reason for procedure, tests to be ordered on samples).

   CA002 – This time is required to make sure the patient is a candidate for our procedure, labs are reviewed and within accepted range, and additional labs are ordered if necessary.

   CA003 – The office staff uses this time to coordinate with hospital/facility staff to schedule the procedure.

   CA004 – This time is needed to discuss the potential complications and post procedure side effects of this procedure. The consent for the procedure is obtained at that time.

CA005 – This time is used to answer any additional questions prior to the patient's visit, confirm that certain medications are being held before the procedure.

5. **If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:**

   N/A

6. **If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:**

   N/A

7. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

   N/A

8. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

   N/A

9. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

   N/A

10. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

11. **List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:**

    N/A

12. **If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:**

N/A

13. If there is any other item on your spreadsheet that needs further explanation please include here:

N/A

14. Please include an explanation of each line item:

See Q#4

CPT Code: 20220 & 20225
Specialty Society: ACR & SIR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Global Period: 000 **Meeting Date:** January 2019

20220 *Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)*

20225 *Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)*

---

1. **Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:**

   ACR and SIR convened a panel that included a number of experts familiar with these services to evaluate the direct practice expense inputs for these bone biopsy via trocar or needle procedures.

2. **You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:**

   CPT Codes 20220 and 20225 are current codes. As such, we included the existing direct practice expense inputs for those two codes on the PE spreadsheet. The specialties also included the direct practice expense inputs for CPT Code 77012 *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation* to ensure there is no overlap with imaging inputs.

3. **Is this code(s) typically billed with an E/M service?** No
   Is this code(s) typically billed with the E/M service in the nonfacility? 20220: 28% and 20225: 27%
   (Please see provided data in PE Subcommittee folder)

4. **What specialty is the dominant provider in the nonfacility?**
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Global	NF
20220	Diagnostic Radiology – 64%	Podiatry – 39%
20225	Diagnostic Radiology – 72%	Diagnostic Radiology – 49%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

The specialties are recommending pre-service clinical time (less than the amount for "extensive use").

CA001 - The time is needed to review the referral request from the referring physician (diagnosis, reason for procedure, tests to be ordered on samples).

CA002 – This time is required to make sure the patient is a candidate for our procedure, labs are reviewed and within accepted range, and additional labs are ordered if necessary.

CA004 – This time is needed to discuss the potential complications and post procedure side effects of this procedure. The consent for the procedure is obtained at that time.

CA005 – This time is used to answer any additional questions prior to the patient's visit, confirm that certain medications are being held before the procedure.

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

The specialties are requesting an increase over the aggregate direct practice expense costs for CPT Codes 20220 and 20225. The specialties believe the PE compelling evidence guidelines for the adoption of standards/packages as well as change in practice expense costs would apply to these updates. The most notable changes are the inclusion of SC077 needle, bone biopsy for CPT Code 20220 and the inclusion of SF055 bone biopsy device for CPT Code 20225.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:

N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

The original PE recommendations included 5 minutes for CA010 obtain vital signs. The specialties are requesting 5 minutes for CA010 to obtain temperature, blood pressure, heart rate, O2 saturation, respiratory rate and weight on our patients prior to biopsy procedures.

9. **Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:***

   The clinical staff is assisting with monitoring the patient, opening supplies for the scrubbed physician, circulating and handling specimens as they are obtained.

10. **If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.**

    N/A

11. **If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:**

    N/A

12. **If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.**

    N/A

13. **If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

14. **If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:**

    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

			20220	20225
Default Equipment Formula	EF015 mayo stand	For sterile surgical supplies, biopsy tools and medications.	yes	yes
Default Equipment Formula	EF014 light, surgical	For visualization of the surgical field	yes	yes
Default Equipment Formula	EF031 table, power	For patient positioning during surgery.	yes	
Monitoring Formula	EF018 stretcher	Patient transport to the recovery area and recovery time	yes	yes
Highly technical	EL007 room, CT	For image guided biopsy of deep bone lesions. The vast majority of this procedure is performed under CT guidance.		yes

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:

N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:

N/A

18. Please include an explanation of each line item:

Code	Description	20220	20225	Notes
SA048	pack, minimum multi-specialty visit	1	1	*Paper, exam table gloves, non-sterile (2) gown, patient pillow case cover thermometer probe*
SA062	tray, bone marrow biopsy-aspiration	1	1	*Hospital wrap, Three povidone-iodine swab sticks (1% available iodine), Towel, Fenestrated drape , Syringe, 5cc with 20G x 1 1/2" needle , Syringe, 20cc ,Needles, 25G x 5/8" and 21G x 1 1/2" , Lidocaine hydrochloride, USP, 1% (10mg/mL), 5mL , Scalpel blade , Two specimen tubes containing edetate potassium , 10 frosted slides, 1" x 3", Amber specimen bottle and label , Stirring rod , Five gauze pads , Elastic bandage*

SA069	tray, suturing	1		*(1) CSR overwrap, (1) Halsey floor grade 5" needle holder, (1) floor grade straight 4>5" ins scissors, (1) adson tissue forceps, (2) medicine cups 2oz., (8) 4" x 4" gauze sponges, (5) 2" x 2" gauze sponges, (1) polylined fenstrated drape, (1) absorbent towel.*
SB001	cap, surgical	1	2	For the non imaging code, for the MD. For the Image guided code, for both people in the procedure room. Sterile procedure.
SB012	drape, sterile, for Mayo stand	1	1	For covering working surface for supplies.
SB016	drape-cover, sterile, OR light handle	1	1	Sterile cover for light handle.
SB024	gloves, sterile	1	1	For MD during procedure.
SB027	gown, staff, impervious	1		For MD during procedure.
SB028	gown, surgical, sterile		1	For MD during procedure.
SB034	mask, surgical, with face shield	1	1	For MD during procedure.
SB033	mask, surgical		1	For circulator.
SB039	shoe covers, surgical	1	1	For MD during procedure.
SB044	underpad 2ft x 3ft (Chux)	1	1	To place under patient to protect table from body fluids.
SC051	syringe 10-12ml	1	1	To draw up Lidocaine
SF040	suture, vicryl, 3-0 to 6-0, p, ps	1		Close incision.
SG021	bandage, strip 0.75in x 3in (Bandaid)	1	1	Dressing
SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	5	10	Local anesthesia.
SJ017	DuraPrep surgical soln (26ml uou)	1	1	Sterile skin prep
SK075	skin marking pen, sterile (Skin Skribe)	1	1	Marking pen
SC028	needle, 18-26g 1.5-3.5in, spinal		1	For Administering local anesthesia
SC077	needle, bone biopsy	1		For bone biopsy (Jamshidi)
SF055	Bone Biopsy device		1	For obtaining bone biopsy sample

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2	**AtMeeting REVISED**	**Meeting Date: January 2019** **Tab: 22 Bone Biopsy Trocar/Needle** **Specialty: Interventinoal Radiology**				**20220**		**20220**		**20225**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	*Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)*		*Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)*		*Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)*	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 94.86**	**$ 8.14**	**$ 148.60**	**$ 7.40**	**$ 381.72**	**$ 12.21**
8		**TOTAL CLINICAL STAFF TIME**				**57**	**22**	**58**	**20**	**87**	**33**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**9**	**19**	**12**	**17**	**18**	**30**
10			*L037D*	*RN/LPN/MTA*	*0.37*	*9*	*19*	*12*	*17*	*18*	*30*
11			*L041B*	*Radiologic Technologist*	*0.41*						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**45**	**0**	**43**	**0**	**66**	**0**
13			*L037D*	*RN/LPN/MTA*	*0.37*	*45*		*43*		*66*	
14			*L041B*	*Radiologic Technologist*	*0.41*						
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3**	**3**	**3**	**3**	**3**	**3**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 21.09**	**$ 8.14**	**$ 21.46**	**$ 7.40**	**$ 32.19**	**$ 12.21**
17		**PRE-SERVICE PERIOD**									
18		**Start: Following visit when decision for surgery or procedure made**									
19	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.37	3	3	3	3	5	5
20	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.37		5	3	3	3	10
21	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.37		5		5		5
22	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.37	3	3	3	3	7	7
23	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.37	3	3	3	3	3	3
24	CA006	Confirm availability of prior images/studies	L041B	Radiologic	0.41						
25	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.37						
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.37						
33		**End: When patient enters office/facility for surgery/procedure**									
34		**SERVICE PERIOD**									
35		**Start: When patient enters office/facility for surgery/procedure:**									
36		**Pre-Service (of service period)**									
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.37	5		3		5	
38	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.37	5		5		5	
39	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.37						
40	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.37						
41	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.37	2		2		2	
42	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.41						
43	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.37						
44	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.37						
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.37	2		2		1	
46	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic	0.41						
47	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.37	2				2	
54		**Intra-service (of service period)**									
55	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37	16		20		40	
56	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
57	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.37						
58	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic	0.41						
65		**Post-Service (of service period)**									
66	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.37	5		5		5	
67	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.37						
68	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.37	3		3		1	
69	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.41						
70	CA025	Clean scope	L037D	RN/LPN/MTA	0.37						
71	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.37						
72	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.37	2		2		2	
73	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.37						
74	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.37	3		1		3	
75	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L041B	Radiologic	0.41						
76	CA031	Review examination with interpreting MD/DO	L041B	Radiologic	0.41						
77	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L041B	Radiologic	0.41						
78	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.37						
79	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.37						
80	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.37						
81	CA036	Discharge day management	L037D	RN/LPN/MTA	0.37	**n/a**		**n/a**		**n/a**	
88		**End: Patient leaves office**									
89		**POST-SERVICE PERIOD**									
90		**Start: Patient leaves office/facility**									
91	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.37	3	3	3	3	3	3
92	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.37						
93		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
99	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.37	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
106		**End: with last office visit before end of global period**									

	A	B	D	E	F	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**	
2	**AtMeeting REVISED**	**Meeting Date: January 2019** **Tab: 22 Bone Biopsy Trocar/Needle** **Specialty: Interventinoal Radiology**				**20220**		**20220**		**20225**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	*Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)*		*Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)*		*Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)*	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 94.86**	**$ 8.14**	**$ 148.60**	**$ 7.40**	**$ 381.72**	**$ 12.21**
8		**TOTAL CLINICAL STAFF TIME**				**57**	**22**	**58**	**20**	**87**	**33**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**9**	**19**	**12**	**17**	**18**	**30**
10			*L037D*	*RN/LPN/MTA*	*0.37*	*9*	*19*	*12*	*17*	*18*	*30*
11			*L041B*	*Radiologic Technologist*	*0.41*						
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**45**	**0**	**43**	**0**	**66**	**0**
13			*L037D*	*RN/LPN/MTA*	*0.37*	*45*		*43*		*66*	
14			*L041B*	*Radiologic Technologist*	*0.41*						
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**L037D**	RN/LPN/MTA	0.37	**3**	**3**	**3**	**3**	**3**	**3**
107	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
108		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 72.62**	**$ -**	**$ 126.04**	**$ -**	**$ 108.75**	**$ -**
109	sa048	pack, minimum multi-specialty visit	2.1122	pack		1		1		1	
110	SA062	tray, bone marrow biopsy-aspiration	36.8675	tray		1		1			
111	SA069	tray, suturing	8.9723	tray		1		1		1	
112	SB001	cap, surgical	0.4417	item		1		1		1	
113	SB012	drape, sterile, for Mayo stand	1.5335	item		1		1		1	
114	SB016	drape-cover, sterile, OR light handle	1.0693	item		1		1		1	
115	SB024	gloves, sterile	0.8575	pair		1		1		1	
116	SB027	gown, staff, impervious	1.186	item		1		1		1	
117	SB028	gown, surgical, sterile	4.7858	item							
118	SB034	mask, surgical, with face shield	1.2193	item		1		1		1	
119	SB039	shoe covers, surgical	0.2785	pair		1		1		1	
120	SB044	underpad 2ft x 3ft (Chux)	0.2525	item		1		1		1	
121	SC051	syringe 10-12ml	0.1905	item		1		1		1	
122	SF040	suture, vicryl, 3-0 to 6-0, p, ps	8.019	item		1				1	
123	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.1347	item		1				1	
124	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	0.068	ml		5		5		10	
125	SJ017	DuraPrep surgical soln (26ml uou)	7.9525	item		1				1	
126	SK075	skin marking pen, sterile (Skin Skribe)	1.191	item		1		1		1	
127	SA069	tray, suturing	8.9723	tray							
128	SC028	needle, 18-26g 1.5-3.5in, spinal	4.9755	item						1	
129	SC029	needle, 18-27g	0.0767	item						2	
130	SC077	needle, bone biopsy	66.75	item				1		1	
131	SF033	scalpel with blade, surgical (#10-20)	0.7805	item						1	
132	SF055	Bone biopsy device	149.2125	item							
133	SM013	disinfectant, surface (Envirocide, Sanizide)	0.1673	oz							
134	SB008	drape, sterile, c-arm, fluoro	4.723	item							
135	SF036	suture, nylon, 3-0 to 6-0, c	2.6033	item				1			
136	SB033	mask, surgical	0.1745	item				1			
137		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*									
139	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
140		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 1.15**	**$ -**	**$ 1.10**	**$ -**	**$ 240.78**	**$ -**
141	EF015	mayo stand	528.771	Default	0.001176195	45		36		48	
142	EF014	light, surgical	3681.0143	Default	0.008188026	45		36		48	
143	EF031	table, power	6091.913	Default	0.016166271	45		36			
144	EF018	stretcher	3460.0053	Monitoring	0.009181908			20		18	
145	EL007	room, CT	1320491.88	Highly Technical	5.00336901					48	
146	ED053	Professional PACS Workstation	14829.6153	Other Formula	0.058757846						
147	ED050	Technologist PACS workstation	5557	PACS	0.022017924						
148		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*									

	A	B	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2	**AtMeeting REVISED**	**Meeting Date: January 2019** **Tab: 22 Bone Biopsy Trocar/Needle** **Specialty: Interventinoal Radiology**	**20225**		**77012**	
3		***RUC Collaboration Website***				
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	*Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)*		*Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 419.68**	**$ 9.62**	**$ 70.67**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**74**	**26**	**36**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**18**	**23**	**3**	**0**
10						
11					*3*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**53**	**0**	**33**	**0**
13					*1*	
14					*32*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**0**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 27.38**	**$ 9.62**	**$ 14.72**	**$ -**
17		**PRE-SERVICE PERIOD**				
18		**Start: Following visit when decision for surgery or procedure made**				
19	CA001	Complete pre-service diagnostic and referral forms	5	5		
20	CA002	Coordinate pre-surgery services (including test results)	3	3		
21	CA003	Schedule space and equipment in facility		5		
22	CA004	Provide pre-service education/obtain consent	7	7		
23	CA005	Complete pre-procedure phone calls and prescription	3	3		
24	CA006	Confirm availability of prior images/studies			3	
25	CA007	Review patient clinical extant information and questionnaire				
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
33		**End: When patient enters office/facility for surgery/procedure**				
34		**SERVICE PERIOD**				
35		**Start: When patient enters office/facility for surgery/procedure:**				
36		**Pre-Service (of service period)**				
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3			
38	CA010	Obtain vital signs	5			
39	CA011	Provide education/obtain consent			1	
40	CA012	Review requisition, assess for special needs				
41	CA013	Prepare room, equipment and supplies	2			
42	CA013	Prepare room, equipment and supplies			3	
43	CA014	Confirm order, protocol exam				
44	CA015	Setup scope (nonfacility setting only)				
45	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2			
46	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			2	
47	CA017	Sedate/apply anesthesia				
54		**Intra-service (of service period)**				
55	CA018	Assist physician or other qualified healthcare professional---directly	30			
56	CA019	Assist physician or other qualified healthcare professional---directly				
57	CA020	Assist physician or other qualified healthcare professional---directly				
58	CA021	Perform procedure/service---NOT directly related to physician work time			18	
65		**Post-Service (of service period)**				
66	CA022	Monitor patient following procedure/service, multitasking 1:4	5			
67	CA023	Monitor patient following procedure/service, no multitasking				
68	CA024	Clean room/equipment by clinical staff	3			
69	CA024	Clean room/equipment by clinical staff			3	
70	CA025	Clean scope				
71	CA026	Clean surgical instrument package				
72	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	2			
73	CA028	Review/read post-procedure x-ray, lab and pathology reports				
74	CA029	Check dressings, catheters, wounds	1			
75	CA030	Technologist QC's images in PACS, checking for all images, reformats,			3	
76	CA031	Review examination with interpreting MD/DO			2	
77	CA032	Scan exam documents into PACS. Complete exam in RIS system to			1	
78	CA033	Perform regulatory mandated quality assurance activity (service period)				
79	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				
80	CA035	Review home care instructions, coordinate visits/prescriptions				
81	CA036	Discharge day management	**n/a**		**n/a**	
88		**End: Patient leaves office**				
89		**POST-SERVICE PERIOD**				
90		**Start: Patient leaves office/facility**				
91	CA037	Conduct patient communications	3	3		
92	CA038	Coordinate post-procedure services				
93		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**
99	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**
106		**End: with last office visit before end of global period**				

	A	B	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2	**AtMeeting REVISED**	**Meeting Date: January 2019** **Tab: 22 Bone Biopsy Trocar/Needle** **Specialty: Interventinoal Radiology**	**20225**		**77012**	
3		***RUC Collaboration Website***				
4	**Clinical Activity Code**	*"*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below.* *Please do not modify formulas in gray shaded cells* *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment. "*	*Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)*		*Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 419.68**	**$ 9.62**	**$ 70.67**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**74**	**26**	**36**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**18**	**23**	**3**	**0**
10						
11					*3*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**53**	**0**	**33**	**0**
13					*1*	
14					*32*	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**0**	**0**
107	**Supply Code**	**MEDICAL SUPPLIES**				
108		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 206.56**	**$ -**	**$ 7.67**	**$ -**
109	sa048	pack, minimum multi-specialty visit	1			
110	SA062	tray, bone marrow biopsy-aspiration	1			
111	SA069	tray, suturing				
112	SB001	cap, surgical	2			
113	SB012	drape, sterile, for Mayo stand	1			
114	SB016	drape-cover, sterile, OR light handle	1			
115	SB024	gloves, sterile	1			
116	SB027	gown, staff, impervious				
117	SB028	gown, surgical, sterile	1			
118	SB034	mask, surgical, with face shield	1			
119	SB039	shoe covers, surgical	2			
120	SB044	underpad 2ft x 3ft (Chux)	1			
121	SC051	syringe 10-12ml	1			
122	SF040	suture, vicryl, 3-0 to 6-0, p, ps				
123	SG021	bandage, strip 0.75in x 3in (Bandaid)				
124	SH046	lidocaine 1% w-epi inj (Xylocaine w-epi)	10			
125	SJ017	DuraPrep surgical soln (26ml uou)				
126	SK075	skin marking pen, sterile (Skin Skribe)	1			
127	SA069	tray, suturing				
128	SC028	needle, 18-26g 1.5-3.5in, spinal	1			
129	SC029	needle, 18-27g				
130	SC077	needle, bone biopsy				
131	SF033	scalpel with blade, surgical (#10-20)				
132	SF055	Bone biopsy device	1			
133	SM013	disinfectant, surface (Envirocide, Sanizide)			1	
134	SB008	drape, sterile, c-arm, fluoro			1	
135	SF036	suture, nylon, 3-0 to 6-0, c			1	
136	SB033	mask, surgical	1		1	
137		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*				
139	**Equipment Code**	**EQUIPMENT**				
140		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 185.74**	**$ -**	**$ 48.28**	**$ -**
141	EF015	mayo stand	46			
142	EF014	light, surgical	46			
143	EF031	table, power				
144	EF018	stretcher	20			
145	EL007	room, CT	37		9	
146	ED053	Professional PACS Workstation			43	
147	ED050	Technologist PACS workstation			33	
148		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*				

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

January 2019

Cystourethroscopy Insertion Transprostatic Implant – Tab 23

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services as they were presented to the Committee. This service was flagged for CPT 2015 and reviewed at the October 2018 Relativity Assessment Workgroup meeting. The Workgroup indicated that the utilization is increasing and questioned the time required to perform these services. The RUC recommended that these services be resurveyed for physician work and practice expense for January 2019.

52441 ***Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant***
The RUC reviewed the survey results from 36 urologists and determined the current work RVU of 4.50, which is below the survey 25th percentile work RVU of 4.62, appropriately accounts for the work required to perform this service. The RUC recommends 26 minutes pre-service evaluation, 5 minutes pre-service positioning and 10 minutes scrub/dress/wait pre-service time, 25 minutes intra-service time and 15 minutes post-service time. The RUC noted that the intra-service time has decreased by 5 minutes. However, the specialty society validated that the physician work is now more intense, which is supported by the FDA approval to perform this service on the median lobe of the prostate. In 2015, the implants could only be applied to the lateral lobes of the prostate, and it was contra-indicated to treat the median lobe. Implanting an anchor in the median lobe is more intense because there is a higher risk of injury to surrounding structures such as the rectum and ureteral orifices. Since this procedure may now be performed on the median lobe this allows patients with larger prostates to receive this service. Operating on larger prostates/larger median lobes requires the physician to work on a prostate that is protruding into the bladder which may be blocking the urine flow. Therefore, it is more intense to perform than previously. In addition, it was initially thought this procedure would be typically performed in an office setting under local anesthesia, however, with more experience and with the addition of a new indication, it was determined that the typical patients would require MAC anesthesia, a prostate block, and local anesthesia. This further supports a more intense procedure than previously determined.

The RUC compared the surveyed code to the top key reference service 52234 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)* (work RVU = 4.62 and 30 minutes intra-service time) and determined based on the survey respondents that CPT code 52441 is more intense and complex on all measures examined. The RUC agreed that code 52241 is more intense than code 52234, as the implants must be precise to prevent complications. For additional support, the RUC referenced MPC codes 37191 *Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed* (work RVU = 4.46, 30 minutes intra-service time and 73 minutes total time) and 52352 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)* (work RVU = 6.75, 45 minutes intra-service time and 118 minutes total time),

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which validate relativity among other well-known services in the Medicare Physician Payment Schedule. **The RUC recommends a work RVU of 4.50 for CPT code 52441.**

52442 ***Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 36 urologists and determined that the current work RVU of 1.20, which is below the survey 25th percentile work RVU of 1.50, appropriately accounts for the work required to perform this service. The RUC recommends 15 minutes intra-service time. The RUC noted that the intra-service time has decreased. However, the specialty society validated that the physician work is now more intense, which is supported by the FDA approval to perform this service on the median lobe of the prostate. In 2015, the implants could only be inserted in the lateral lobes of the prostate, and it was contra-indicated to treat the median lobe. Implanting an anchor in the median lobe is more intense because there is a higher risk of injury to surrounding structures such as the rectum and ureteral orifices. Since this procedure may now be performed on the median lobe this allows patients with larger prostates to receive this service. Operating on larger prostates/larger median lobes requires the physician to work on a prostate that is protruding into the bladder which may be blocking the urine flow. Therefore, it is more intense to perform than previously. In addition, it was initially thought this procedure would be typically performed in an office setting under local anesthesia, however, with more experience and with the addition of a new indication, it was determined that the typical patients would require MAC anesthesia, a prostate block, and local anesthesia. This further supports a more intense procedure than previously determined.

The RUC compared the surveyed code to the top key reference service 49412 *Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)* (work RVU = 1.50 and 20 minutes intra-service time) and determined based on the survey respondents that CPT code 52442 is somewhat more intense and complex on all measures examined. The RUC agreed that code 52242 is more intense than code 49412, as the additional implants must be precise to prevent complications. For additional support the RUC referenced MPC code 64480 *Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)* (work RVU = 1.20 and 15 minutes intra-service time) and noted that this reference code requires the same physician work and time to perform, thus validating the relativity of these services. **The RUC recommends a work RVU of 1.20 for CPT code 52442.**

Practice Expense
The PE Subcommittee discussed compelling evidence because the supply costs increased and recognized that the required lidocaine jelly was inadvertently left out previously. The PE Subcommittee also discussed the delineation of all the components of the different trays, eliminated any overlap in supplies, corrected the clinical staff time and equipment for the appropriate monitoring post-procedure of 5 minutes 1-1 with the patient and 10 minutes 1-4 with the patient, to allow for multi-tasking. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	000	4.50 (No Change)
52442	each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	ZZZ	1.20 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52441 Tracking Number Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.50**
Global Period: 000 Current Work RVU: **4.50** RUC Recommended RVU: **4.50**

CPT Descriptor: Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male has benign prostatic hyperplasia and bothersome voiding symptoms. The patient has an elevated International Prostate Symptom Score (IPSS), a low peak urinary flow rate, and elevated postvoid residual volume. His symptoms have failed to improve on medical therapy. Cystoscopy excludes a significant median lobe component, and ultrasound shows the patient's prostate is 20 grams. After discussion of treatment options, the patient elects a permanent adjustable transprostatic implant procedure with a single implant.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The appropriate antibiotic(s) are selected and ordered. Timing and administration are confirmed. Results of admission testing and imaging are reviewed. The planned procedure and postoperative management are reviewed with the patient. Informed consent is reviewed and obtained. The length and type of anesthesia is reviewed with the anesthesiologist. Availability of all required instruments and supplies is verified. Assistance is provided in placing the patient in dorsal-lithotomy position. Padding is placed at elbows, knees, and ankles. The bladder is drained using a straight catheter. Video equipment is checked for white balance. The implant deployment device is set up. The penis and perineal area are prepped and draped. The surgeon scrubs and gowns. A surgical time-out is performed with the operating surgical team and anesthesia team.

Description of Intra-Service Work: A cystoscope sheath is inserted into the meatus and advanced toward the bladder to assess the precise location of the prostatic obstruction, the intended location for implants, and the amount of compression required to apply to the obstructing lateral lobes so as to achieve the intended result. The cystoscope is pressed against the prostate lobe to determine the level of opening that should be created. Once the locations of the implantation sites are confirmed, then proceed with placement of the first implant. With the sheath in the bladder, replace the telescope bridge with the implant delivery device, and reintroduce the telescope lens into the device. Determine the first implant site by orienting the delivery device tip in an anterolateral direction (typically 2 to 3 o'clock position) in the bladder and slowly moving the device distally within the prostatic fossa approximately 1.5 cm from the bladder neck. Angle the distal tip of the delivery device laterally at least 20 degrees at this position so as to compress the lateral lobe and assure proper needle trajectory. Prior to deploying the implant, confirm cystoscopically that adequate tissue is captured both anterior and posterior to the implant. Pull the trigger, thereby deploying a needle containing the implant through the prostate. Retract the needle, allowing one end of the implant to be delivered to the capsular surface of the prostate. Tension the implant to assure capsular seating and removal of slack monofilament. Angle the device back toward midline, and slowly advance it proximally (typically 3 to 4 mm) until cystoscopic verification of the monofilament being centered in the delivery bay. Affix the urethral end piece to the monofilament, thereby tailoring the size and tension of the implant. Sever excess filament.

After each implant is deployed, the device is advanced into the bladder, and the delivery device is replaced with the cystoscope and bridge, allowing the bladder to drain. The degree of prostatic compression achieved at the site is assessed so as to ultimately shape an anterior channel through the prostatic fossa.

If additional implants are necessary, those implants are then placed in the prostate (separately reported with 52442.) After final implant is placed, a cystoscopy is performed to inspect the location and state of the implant(s) to assure proper seating and location. Finally, a cystoscopy is performed with irrigation turned off to assure that the prostatic channel remains patent without irrigation pressure. The bladder is filled with 100 to 200 ml of saline to assist the patient in a postprocedure trial to void, prior to discharge. An indwelling urinary catheter with drainage bag is placed.

Description of Post-Service Work: Drapes are removed and the surgeon assists with transitioning the patient from dorsal-lithotomy to supine. The outcome of the surgery is discussed with the patient and a brief operative note is written. Patient stabilization is monitored in the recovery room. An operative report is dictated, and medical record documentation is completed. Aftercare treatment, including home restrictions (eg, activity, bathing), is discussed with the patient. Medications are reconciled, and orders for discharge medications are written. A discharge summary and instructions are completed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Thomas Turk, MD; Kyle Richards, MD; Jonathan Kiechle, MD; Jonathan Rubenstein, MD		
Specialty Society(ies):	AUA		
CPT Code:	52441		
Sample Size:	3000	**Resp N:** 36	**Response:** 1.2 %
Description of Sample:	random selection from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**9.00**	21.00	120.00
Survey RVW:	2.40	4.62	**5.42**	6.03	9.50
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**20.00**		
Intra-Service Time:	7.00	15.00	**25.00**	30.00	45.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52441	**Recommended Physician Work RVU: 4.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**26.00**	**33.00**	**-7.00**
Pre-Service Positioning Time:		**5.00**	**3.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**25.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**28.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52234	000	4.62	**RUC Time**

CPT Descriptor Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52315	000	5.20	**RUC Time**

CPT Descriptor Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37191	000	4.46	**RUC Time**	32,181

CPT Descriptor 1 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52352	000	6.75	**RUC Time**	24,296

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 19.4 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 52441	**Top Key Reference CPT Code:** 52234	**2nd Key Reference CPT Code:** **52315**
Median Pre-Service Time	41.00	29.00	29.00
Median Intra-Service Time	25.00	30.00	45.00
Median Immediate Post-service Time	15.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**81.00**	**79.00**	**94.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	43%	57%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	29%	71%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	43%	57%

Physical effort required	14%	57%	29%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	43%	14%	43%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	17%	83%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	0%	100%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	33%	67%
Physical effort required	17%	33%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Codes 52441 and 52442 were flagged as services that represent new technology and based on three years of available Medicare claims data (2015, 2016 and preliminary 2017 data), were required for re-survey.

Recommendation

We recommend the current work RVU of 4.50. When code 52441 was reviewed as a new service, it was assumed that the procedure would be performed in an office setting using an oral sedative. This is not the case, as MAC or moderate sedation will be necessary. In addition, the work RVU results of the previous survey were not accepted by the RUC and instead a crosswalk of the work RVU to code 43244 was facilitated. The current survey data indicate a decrease of intra-time from 30 minutes to 25 minutes, however, we believe this is due to the changes in the survey instrument question that requests the responses be "precise and not to round". We do not believe this represents a diffusion of the procedure resulting in the procedure taking less time. We do, however, believe the procedure is more difficult that initially thought in that the implantation must be precise to prevent complications.

Pre-time package 3 and Post-time package 9b are selected. The patient is straightforward and the implant procedure is difficult. Each patient's anatomy and prostate size is different and precise implantation is imperative to prevent nerve damage, damage to the GI tract or fistula formation. In addition, care is needed not to place the implants to close to the bladder neck as this could lead to encrustation requiring removal. Evaluation time and scrub, dress, wait time are reduced to be consistent with the survey median. The positioning time was increased as the patient will be positioning in dorsal-lithotomy.

Key Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	4.62	0.120	79	29	30	20
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	4.50	0.136	81	41	25	15
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	5.20	0.093	94	29	45	20

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	4.46	0.119	73	28	30	15
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	4.50	0.136	81	41	25	15
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	6.75	0.118	118	53	45	20

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☒ Other reason (please explain) Typically more than one implant is placed, so 52441 will typically be reported with add-on code 52442

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 52441

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,483 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty urology Frequency 14483 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 52441

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52442 Tracking Number Original Specialty Recommended RVU: **1.20**
Presented Recommended RVU: **1.20**
Global Period: ZZZ Current Work RVU: **1.20** RUC Recommended RVU: **1.20**

CPT Descriptor: Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male has benign prostatic hyperplasia with bothersome voiding symptoms that have failed to improve on medical therapy. He elects to undergo implantation of a permanent adjustable transprostatic implant. After completion of the initial implant (separately reported with 52441), an additional implant is placed. [Note: This is an add-on code. Only consider the additional work related to one additional implant.]

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: The additional implant site is determined by pressing the cystoscope against the prostate lobe to determine the level of opening that should be created. With the sheath in the bladder, replace the telescope bridge with the implant delivery device, and reintroduce the telescope lens into the device. Determine the next implant site by orienting the delivery device tip in an anterolateral direction in the bladder and slowly moving the device distally within the prostatic fossa approximately 1.5 cm from the bladder neck. Angle the distal tip of the delivery device laterally at least 20 degrees at this position so as to compress the lateral lobe and assure proper needle trajectory. Prior to deploying the implant, confirm cystoscopically that adequate tissue is captured both anterior and posterior to the implant. Pull the trigger, thereby deploying a needle containing the implant through the prostate. Retract the needle, allowing one end of the implant to be delivered to the capsular surface of the prostate. Tension the implant to assure capsular seating and removal of slack monofilament. Angle the device back toward midline, and slowly advance it proximally (typically 3 to 4 mm) until cystoscopic verification of the monofilament being centered in the delivery bay. Affix the urethral end piece to the monofilament, thereby tailoring the size and tension of the implant. Sever excess filament. After the implant is deployed, the device is advanced into the bladder, and the delivery device is replaced with the cystoscope and bridge, allowing the bladder to drain. The degree of prostatic compression achieved at the site is assessed so as to ultimately shape an anterior channel through the prostatic fossa.

(For additional implants, repeat the above sequence, installing the cystoscope and reinspecting successful placement of each implant and degree of lateral lobe obstruction remaining. If there is persistent obstruction distally, repeat the above sequence with further implants delivered and inspected until a satisfactory result is obtained, namely a reshaping of the prostate that offers a continuous channel through the anterior aspect of the prostatic fossa.)

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Thomas Turk, MD; Kyle Richards, MD; Jonathan Kiechle, MD; Jonathan Rubenstein, MD		
Specialty Society(ies):	AUA		
CPT Code:	52442		
Sample Size:	3000	**Resp N:** 36	**Response:** 1.2 %
Description of Sample:	random selection from membership database		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**14.00**	34.00	300.00
Survey RVW:	0.90	1.50	**2.00**	3.17	9.50
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	4.00	8.00	**15.00**	30.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	52442	**Recommended Physician Work RVU: 1.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
49412	ZZZ	1.50	**RUC Time**

CPT Descriptor Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
15777	ZZZ	3.65	**RUC Time**

CPT Descriptor Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64484	ZZZ	1.00	**RUC Time**	450,460

CPT Descriptor 1 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
64480	ZZZ	1.20	**RUC Time**	22,183

CPT Descriptor 2 Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17 **% of respondents:** 47.2 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 52442	**Top Key Reference CPT Code:** 49412	**2nd Key Reference CPT Code:** **15777**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	15.00	20.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**15.00**	**20.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	12%	47%	35%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	24%	41%	35%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	12%	59%	29%

Physical effort required	18%	65%	18%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	24%	41%	35%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	34%	33%	33%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	22%	67%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	22%	78%
Physical effort required	0%	22%	78%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	22%	78%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Codes 52441 and 52442 were flagged as services that represent new technology and based on three years of available Medicare claims data (2015, 2016 and preliminary 2017 data), were required for re-survey.

Recommendation

We recommend the current work RVU of 1.20.

The RUC database indicates that the specialty society indicated and the RUC agreed that the survey respondents overestimated the work required to perform 52442. The specialty society recommended that 52442 be crosswalked to 64480 (work RVU = 1.20; intra-time = 15 min). The RUC noted that 64480 has similar time and intensity measures to 52442 and appropriately accounts for the work required to perform this service. For additional support the RUC referenced code 15136 (work RVU = 1.50, 15 minutes of intraservice time), which has the same intra-service time and a similar work RVU.

It appears that the specialty and the RUC determined the correct work RVU should be 1.20 based on a time of 15 minutes (crosswalked to 64480), however, the overestimated survey time of 25 minutes was entered into the RUC database instead of 15 minutes.

The current survey median intra-time is 15 minutes. Because the RUC (and the societies) previously facilitated a work RVU of 1.20 based on 15 minutes of work, we believe that maintaining the current work RVU and correcting the database time to 15 minutes is appropriate.

Key Reference Codes

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	1.50	0.075	20	0	20	0
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	1.20	0.080	15	0	15	0
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	3.65	0.079	50	5	45	0

MPC Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	1.00	0.100	10	0	10	0
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	1.20	0.080	15	0	15	0
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	1.20	0.080	15	0	15	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 52442 in conjunction with 52441)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 52442

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
51,427 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty urology Frequency 51427 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Endoscopy

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 52442

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

December 28, 2017

NeoTract, Inc.
Louis-Pierre Marcoux
Senior Director, Regulatory Affairs
4473 Willow Road, Suite 100
Pleasanton, CA 94588

Re: K173087
Trade/Device Name: UroLift System (UL400 and UL500)
Regulation Number: 21 CFR§ 876.5530
Regulation Name: Implantable Transprostatic Tissue Retractor System
Regulatory Class: II
Product Code: PEW
Dated: September 29, 2017
Received: September 29, 2017

Dear Louis-Pierre Marcoux:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/) and CDRH Learn (http://www.fda.gov/Training/CDRHLearn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (http://www.fda.gov/DICE) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Charles Viviano -S

For Benjamin R. Fisher, Ph.D.
Director
Division of Reproductive, Gastro-Renal,
and Urological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: January 31, 2017
See PRA Statement below.

510(k) Number *(if known)*

K173087

Device Name
UroLift System (UL400 and UL500)

Indications for Use *(Describe)*
The UroLift System is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH), including lateral and median lobe hyperplasia, in men 45 years of age or older.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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5 510(k) SUMMARY

COMPANY INFORMATION

Manufacturer: NeoTract, Inc.
4473 Willow Road, Suite 100
Pleasanton, CA 94588
Tel: 925-201-8861
Fax: 925-401-0696

FDA Registration No.: 3005791775

Contact: Louis-Pierre Marcoux
Senior Director, Regulatory Affairs

DATE PREPARED

29 September 2017

DEVICE INFORMATION

Trade Name: NeoTract® UroLift® System (UL400 and UL500)

Common Name: Implantable transprostatic tissue retractor system

Class: II

Regulation: 21 CFR 876.5530

Product Code: PEW

INTENDED USE

The UroLift System is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH), including lateral and median lobe hyperplasia, in men 45 years of age or older.

PREDICATE DEVICE

The predicate device is the UroLift System, which includes two generations of the device, the UL400 and the UL500. The UL400 was previously cleared under K133281. The UL500 was previously cleared under K172359.

DEVICE DESCRIPTION

The UroLift System is designed to access the prostatic urethra and deliver one UroLift Implant through a lobe of the prostate. The UroLift System is inserted into the urethra through the penile

orifice and used to displace the urethra toward the prostatic capsule. The UroLift Implant is then deployed transversely through the prostatic tissue. Multiple implants are deployed in the UroLift System procedure. The implants secure the retracted position of the urethra, thereby maintaining an expanded urethral lumen, reducing fluid obstruction and improving lower urinary tract symptoms (LUTS). This is accomplished by holding the approximated position of the inner (urethral) tissue and the outer (capsular) tissue of the prostate with the UroLift Implant. The procedure typically requires 2-6 implants to retract the obstruction.

The UroLift System includes two generations of the device, the UL400 and the UL500. Both generations use the same UroLift Implant. The only differences are in the delivery device.

The UL400 (cleared in K133281), consists of two main components, the UroLift® Delivery Device (single use), and the UroLift Implants (one implant per delivery device). Each Delivery Device comes pre-loaded with one UroLift Implant.

The UL500 (UroLift 2 System, cleared in K172359) is comprised of the UroLift® Delivery Handle (single patient reusable), the UroLift Implant Cartridges (single-use) and the UroLift Implants (one implant per cartridge). Each cartridge is pre-loaded with one UroLift Implant. The cartridges fit into the delivery handle. Each patient procedure will use one dedicated handle and the number of cartridges/implants necessary to perform a typical procedure (estimated 2-6 implants). For the UL500, users are also provided with an optional Scope Seal which enables them to examine the anatomy between implant deployments without removal of the telescope from the Delivery Handle.

CLINICAL DATA

Median lobe clinical study:

NeoTract conducted a prospective, multicenter, non-blinded, single arm study to demonstrate the safety and effectiveness of the UroLift System for subjects with symptomatic benign prostatic hyperplasia with an enlarged median lobe. Study design and results are shown below:

Study Title:	Median Lobe Prostatic UroLift System Procedure (MedLift)
Study Objectives:	Evaluate the safety and effectiveness of the UroLift® System when used in symptomatic benign prostatic hyperplasia (BPH) subjects with an enlarged median lobe.
Study Design:	Prospective, multicenter, non-blinded, single arm (non-randomized) study.
Sample Size:	45 subjects were enrolled.
Subject Population:	Males 50 years or older diagnosed with symptomatic benign prostatic hyperplasia (BPH).
Number of Centers:	9 investigational sites located in the US.

Follow-up	1, 3, 6, and 12 months. For this submission, the report primarily presents results through 6 months of follow-up. A partial subset of subjects who have returned for the 12 month follow-up are included where noted (18 of 45 at time of submission).
Effectiveness Endpoint:	At 6 months, the 95% lower confidence limit of the mean percent improvement in subject's International Prostatic Symptom Score (IPSS) over baseline for the UroLift System must be ≥ 25%. **Results:** At 6 months, the 95% lower confidence limit of the mean percent improvement in subject's International Prostatic Symptom Score (IPSS) over baseline for the UroLift System was 50.8% (substantially above the goal of ≥ 25%). The mean percent change at 6 months was 57.7%.
Safety Endpoint:	The composite observed rate of post-procedure device related serious complications ≤15% at 3 months. Composite device related serious complications for this endpoint are 1) de Novo (new) severe urinary retention lasting more than 21 consecutive days post procedure, 2) device related formation of fistula between the rectum and urethra, 3) perforation of the rectum or GI tract, 4) damage to ureter or ureteral orifices, 5) damage to the trigone requiring surgical repair or 6) de novo, sustained erectile dysfunction. A Clinical Events Committee (CEC) will adjudicate adverse events and relevant subject questionnaires to evaluate against safety endpoint. **Results:** The CEC adjudicated the adverse events and relevant subject questionnaires to evaluate against the safety endpoint. The safety endpoint was achieved with 0% (5.7% CI upper limit) meeting criteria within the composite. In addition, from 3 to 6 months, there were no reported events that would meet the endpoint criteria.

Adverse Events (AE) observed through 6 months were mostly mild and occurred within the first week after procedure. The most common AEs included hematuria, dysuria, and urinary urgency. Comparison of 6 month effectiveness outcomes (IPSS, QOL, and BPHII) show similar magnitude of improvement between median lobe subjects and lateral lobe subjects (data originally presented in DEN130023), which indicates that the median lobe anatomy does not negatively impact outcomes.

The clinical study data demonstrates that treatment of the enlarged median lobe with the UroLift System is as safe and effective as treatment of the lateral lobe. As such, the UroLift System is substantially equivalent to the predicate devices (K133281 and K172359).

Reduction of Age in Indication:

The FDA Guidance for Industry and Food and Drug Administration Staff entitled "Guidance for the Non-Clinical and Clinical Investigation of Devices Used for the Treatment of Benign Prostatic Hyperplasia (BPH)" was issued on August 17, 2010 and recommended that the patient selection protocol criteria for enrollment include men over 50 "because BPH is generally

confined to older men." Approximately one month later in September 2010, the AUA released the 2010 update to the AUA Guideline on the Management of Benign Prostatic Hyperplasia. In this guideline, the index patient was updated to be a male > 45 years of age who is consulting a qualified healthcare provider for his lower urinary tract symptoms (LUTS). The AUA panel lowered the age for inclusion in this Guideline from age 50 to age 45, as this lower age group can commonly present with LUTS. Literature data demonstrates that the prevalence of BPH in ages 40-49 are not dramatically different compared to ages 50-59. The estimated difference in prevalence of histopathologic BPH is <10% between age 45 and 50. In addition, the estimated difference in volume is <2g for prostates in men age 45 and 50. Literature data also demonstrates similar incidences of lower urinary tract symptoms for men aged 40-49 compared to those aged 50-59 (8.6% and 9.5%, respectively). Based on multiple studies, the difference between the population of men age 45 and age 50 in terms of histopathology, volume, and symptomatology appears minimal for BPH. Treatment of BPH earlier at age 45 is not expected to create new or unexpected risks for the patient. As such, the reduction in age from 50 to 45 years old is substantially equivalent to the predicate devices (K133281 and K172359) based on the literature data.

COMPARISON WITH THE PREDICATE DEVICE

The UroLift System described in this submission is substantially equivalent to the previously cleared generations of the device. The UL400 was previously cleared in K133281. Minor device modifications have been made to UL400 that do not affect the overall safety and effectiveness. The UL500 was previously cleared in K172359 and has not changed since that clearance.

The UroLift System has the same intended use and employs the same technological characteristics as previously cleared in K133281 and K172359. It is still intended to retract prostate tissue by delivering implants transurethrally. The implant is the same as in the predicate devices. The clinical data demonstrates that treatment of the median lobe with the UroLift System has the same safety and effectiveness as treatment of the lateral lobes. In addition, literature data and medical opinion support lowering the age indication from 50 years old to 45 years old since there is no clinical difference between the two patient populations. The overall risk profile remains the same for the UroLift System. As such, the UroLift System is substantially equivalent to the UroLift System cleared in K133281 and K172359.

BIOCOMPATIBILITY TESTING (UL400)

For UL400, to reduce needle friction during deployment, the needle shaft has been modified to be coated with a material known as Duraglide. Duraglide is already used in patient-contacting components in the cleared UL500 (K172359) and has passed biocompatibility testing in accordance with ISO 10993. The use of Duraglide in UL400 does not raise new issues of safety or effectiveness and the overall risk profile remains the same as the predicate device.

For UL500, there has been no additional biocompatibility testing.

STERILIZATION AND SHELF-LIFE TESTING

There is no change to sterilization since the clearance of K133281 and K172359.

There is no change to shelf life for UL400 which remains at 18 months. There is no change to shelf life for UL500 which remains at 6 months.

CONCLUSION

The testing demonstrated the NeoTract UroLift System is as safe and effective, has the same intended use, technological characteristics and principles of operation as the predicate devices. Therefore, the NeoTract UroLift System is substantially equivalent to the predicate devices.

ISSUE: Cystourethroscopy Insertion Transprostatic Implant

TAB: 23

					RVW					Total	PRE			INTRA					POST
SOURCE	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD
REF1	52234	Cystourethroscopy, with fulguration (includi	7	0.120			4.62			79	19	5	5			30			20
REF2	52315	Cystourethroscopy, with removal of foreign	6	0.093			5.20			94	19	5	5			45			20
current	52441	Cystourethroscopy, with insertion of permar		0.112			4.50			93	17	5	20			30			21
SVY	52441	Cystourethroscopy, with insertion of permar	36	0.176	2.40	4.62	5.42	6.03	9.50	80	26	5	10	7	15	25	30	45	15
REC	52441	maintain current value		0.136			4.50			81	26	5	10			25			15

REF1	49412	Placement of interstitial device(s) for radiati	17	0.075			1.50			20	0					20			0
REF2	15777	Implantation of biologic implant (eg, acellula	9	0.079			3.65			50	5					45			0
current	52442	Cystourethroscopy, with insertion of permar		0.048			1.20			25	0					25			0
SVY	52442	Cystourethroscopy, with insertion of permar	36	0.133	0.90	1.50	2.00	3.17	9.50	15	0			4	8	15	30	45	0
REC	52442	maintain current value		0.080			1.20			15	0					15			0

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Facility Direct Practice Expense (PE) Inputs

Meeting Date: 01-2019

CPT	Descriptor	Global
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	000
52442	each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	ZZZ

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   AUA advisors reviewed the current PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Current codes are used for reference.

3. Is this code(s) typically billed with an E/M service? No

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

   This endoscopy procedure will be performed under MAC in the facility setting and will require the standard clinical staff time for an endoscopy procedure. No time was previously requested because the procedure was expected to typically be performed a majority of the time in the office and not to require moderate sedation or MAC. This is not the case for a majority of patients.

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence:

   This endoscopy procedure will be performed under MAC in the facility setting and will require the standard clinical staff time for an endoscopy procedure. No time was previously requested because the procedure was expected to typically be performed a majority of the time in the office and not to require moderate sedation or MAC. This is not the case for a majority of patients. Also, time has been added for a follow-up phone call the day of the procedure to contact the patient to reinforce catheter instructions and drug and activity restrictions.

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: NA

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: NA

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. NA

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: NA

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: NA

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here: N/A

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: NA

13. If there is any other item on your spreadsheet that needs further explanation please include here: NA

14. Please include an explanation of each line item:

			52441		52442		COMMENTS
			Current	REC	Current	REC	
			FAC	FAC	FAC	FAC	
			000	000	ZZZ	ZZZ	
clinical staff time							
CA001	Complete pre-service diagnostic and referral forms			3			standard clinical staff time for endoscopy procedures performed in the facility patients going to a facility for this endoscopy procedure will have the procedure performed under MAC
CA002	Coordinate pre-surgery services (including test results)			5			
CA003	Schedule space and equipment in facility			3			
CA004	Provide pre-service education/obtain consent			5			
CA005	Complete pre-procedure phone calls and prescription			3			
CA037	Conduct patient communications			3			contact patient to reinforce catheter instructions and oral pain medication and activity restrictions

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

Meeting Date: 01-2019

CPT	Descriptor	Global
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	000
52442	each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	ZZZ

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   AUA advisors reviewed the current PE inputs.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   Current codes are used for reference. AUA coding and reimbursement committee and surgeons familiar with the procedure reviewed the current PE details that were drafted when the code was new and thought to typically be an office based service.

3. Is this code(s) typically billed with an E/M service? No
   Is this code(s) typically billed with the E/M service in the nonfacility? No
   (Please see provided data in PE Subcommittee folder)

4. What specialty is the dominant provider in the nonfacility? urology
   What percent of the time does the dominant provider provide the service(s) in the nonfacility? 100%
   Is the dominant provider in the nonfacility different then for the global? No
   (Please see provided data in PE Subcommittee folder)

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:

ROW			52441 Current OFF 000	52441 REC OFF 000	Rationale
29	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	5	assist positioning patient dorsal lithotomy with padding and draping - same as physician time

ROW			52441 Current OFF 000	52441 REC OFF 000	Rationale
31	CA017	Sedate/apply anesthesia		5	5 minutes to monitor the patient after instillation of lidocaine into bladder and urethra multitasking 1:4 over 20 minutes. This patient will be mildly sedated with oral antianxiety medications and positioned dorsal lithotomy. Clinical staff will monitor patient while multitasking.
35	CA023	Monitor patient following procedure/service, no multitasking		5	after scope removed, Foley cath placed and patient repositioned supine, monitor patient constantly for 5 minutes
36	CA022	Monitor patient following procedure/service, multitasking 1:4	2	2.5	following 5 minutes of constant monitoring, continue monitoring an additional 10 minutes while multitasking 1:4

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   Please see response to details provided in Question 5 and Question 17. When the original PE inputs were recommended, this was a new service that has evolved to require more anesthetic and more monitoring that initially thought - when performed in the office setting. The additions and deletions are based on review by surgeons who perform these procedures and now know what is typically required to perform the procedure in the office setting

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: NA

8. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   The clinical staff will assist the surgeon with handing off supplies as the surgeon is performing the implants through a cystoscope that includes irrigation.

9. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived. NA

10. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: NA

11. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. NA

12. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: NA

13. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: NA

14. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

		52441	52442
EF027	table, instrument, mobile	Default plus pre/post monitoring time =+I24+I25+I26+I27+I28+I29+I30+(4*I31)+I33+I35+(4*I36)+I37+I39	additional 15 min intra time
EF031	table, power	Default plus pre/post monitoring time =+I24+I25+I26+I27+I28+I29+I30+(4*I31)+I33+I35+(4*I36)+I37+I39	additional 15 min intra time
EF014	light, surgical	Default plus pre/post monitoring time =+I24+I25+I26+I27+I28+I29+I30+(4*I31)+I33+I35+(4*I36)+I37+I39	additional 15 min intra time
ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	Scope Systems equation plus monitoring prior to procedure =+I27+I28+I29+I30+(4*I31)+I33+I37	additional 15 min intra time
ES018	fiberscope, flexible, cystoscopy	Scope equation plus monitoring prior to procedure =+I27+I28+I29+I30+(4*I31)+I33+I38	additional 15 min intra time

15. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: NA

16. If there is any other item on your spreadsheet that needs further explanation please include here: N/A

17. Please include an explanation of each line item:

				52441		52442		
				Current	REC	Current	REC	
				OFF	OFF	OFF	OFF	
				000	000	ZZZ	ZZZ	Comments
		PRE-SERVICE PERIOD						
15	CA001	Complete pre-service diagnostic and referral forms	RN/LP N/MTA		3			Add 3 min for one call. This procedure requires prior authorization and ordering of the implant kits prior to the procedure. The kits are not kept on the shelf and the procedure often requires prior auth.
19	CA005	Complete pre-procedure phone calls and prescription	RN/LP N/MTA		3			Add 3 min for one call Contact patient regarding pre-op medications and escort home
		SERVICE PERIOD						
24	CA009	Greet patient,	RN/LP	3	3			standard

				52441		52442		
				Current	REC	Current	REC	
				OFF	OFF	OFF	OFF	
				000	000	ZZZ	ZZZ	Comments
		provide gowning, ensure appropriate medical records are available	N/MTA					
25	CA010	Obtain vital signs	RN/LP N/MTA	3	3			weight, temp, bp
26	CA011	Provide education/obtain consent	RN/LP N/MTA	3	3			review procedure, answer questions
27	CA013	Prepare room, equipment and supplies	RN/LP N/MTA	2	2			set up disposable supplies (needles, syringes, catheter trays, implant kits, drapes, prep, etc)
28	CA015	Setup scope (nonfacility setting only)	RN/LP N/MTA	5	5			set up and test cystoscopy system
29	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	RN/LP N/MTA	2	5			assist positioning patient dorsal lithotomy with padding and draping - same as physician time
30	CA017	Sedate/apply anesthesia	RN/LP N/MTA		2			2 minutes (standard) to assist with physician with prostate block, straight cath to drain urine, bladder instillation of lidocaine jelly and urethral installation of lidocaine jelly
31	CA017	Sedate/apply anesthesia	RN/LP N/MTA		5			5 minutes to monitor the patient multitasking 1:4 over 20 minutes. This patient will be mildly sedated with oral antianxiety medications and positioned dorsal lithotomy. Clinical staff will monitor patient while multitasking.
33	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	RN/LP N/MTA	30	25	25	15	Assist physician - 100% of intra time
35	CA023	Monitor patient following procedure/service, no multitasking	RN/LP N/MTA		5			after scope removed, Foley cath placed and patient repositioned supine, monitor patient constantly for 5 minutes
36	CA022	Monitor patient following procedure/service, multitasking 1:4	RN/LP N/MTA	2	2.5			following 5 minutes of constant monitoring, continue monitoring an additional 10 minutes while multitasking 1:4
37	CA024	Clean room/equipment by clinical staff	RN/LP N/MTA	3	3			clean room and all disposable supplies including needles, syringes, injectables, pads, drapes, etc.
38	CA025	Clean scope	RN/LP N/MTA	30	30			standard
39	CA029	Check dressings, catheters, wounds	RN/LP N/MTA	2	1			check catheter and leg bag

				52441		52442		
				Current	REC	Current	REC	
				OFF	OFF	OFF	OFF	
				000	000	ZZZ	ZZZ	Comments
40	CA035	Review home care instructions, coordinate visits/prescriptions	RN/LPN/MTA	3	2			review home care restrictions and care of catheter and leg bag
		POST-SERVICE PERIOD						
44	CA037	Conduct patient communications	RN/LPN/MTA		3			contact patient to reinforce catheter instructions and drug and activity restrictions
		MEDICAL SUPPLIES	**UNIT**					
62	SA048	pack, minimum multi-specialty visit	pack	1	1			standard *paper, exam table - 7 ft* *gloves, non-sterile - 2 pair* *gown, patient - 1 item* *pillow case - 1 item* *cover, thermometer probe - 1 item*
68	SB001	cap, surgical	item	2	2			surgeon and staff
69	SB039	shoe covers, surgical	pair	2	2			surgeon and staff
70	SB027	gown, staff, impervious	item	1	1			surgeon
71	SB034	mask, surgical, with face shield	item	1	1			surgeon
72	SB012	drape, sterile, for Mayo stand	item	1	1			drape for instrument table
73	SB019	drape-towel, sterile 18in x 26in	item	2	2			drape patient
74	SA063	tray, catheter insertion (w-o catheter)	tray	1	2			• one tray with a straight cath is used prior to prostate block and instillation of lidocaine jelly into bladder and urethra to drain urine. Straight cath is used to instill lidocaine into bladder. • The second tray is used after the procedure to insert a Foley cath that the patient will be sent home with. *underpad 2ft x 3ft (Chux)* *gloves, sterile, 1 pair* *povidone-iodine soln, 30 ml* *prepping balls* *plastic forceps* *lubricating jelly (K-Y) 10 gm* *pre-filled sterile water syringee 10 ml* *basin for urine collection*
83	SD030	catheter, straight	item	1	1			Used prior to procedure to drain urine and to instill lidocaine into bladder

				52441		52442		
				Current	REC	Current	REC	
				OFF	OFF	OFF	OFF	
				000	000	ZZZ	ZZZ	Comments
84	SD024	catheter, Foley	item	1	1			Used after procedure
85	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	item		1			Used for bladder irrigation with catheters
86	SJ031	leg or urinary drainage bag	item	1	1			Used with Foley cath - patient sent home with this
87	SJ053	swab-pad, alcohol	item		1			wipe top of injectable lidocaine before drawing solution
88	SH047	lidocaine 1%-2% inj (Xylocaine)	ml	50	20			Injected for prostate block (believe the previous 50 ml was meant to be lidocaine jelly. Since previous review, it was determined that prostate block is needed if performed in the office setting and only 20 ml of injectable lidocaine will be used prior to and during procedure to maintain patient comfort
89	SC053	syringe 20ml	item		1			used for prostate block
90	SC029	needle, 18-27g	item		1			used to draw up lidocaine
91	SC028	needle, 18-26g 1.5-3.5in, spinal	item		1			used to inject lidocaine
92	SC062	syringe, Toomey	item	1	1			used to instill lidocaine jelly into bladder through catheter
93	SH048	lidocaine 2% jelly, topical (Xylocaine)	ml		30			instilled into bladder [note - 10 ml of lidocaine jelly for urethra included in cysto pack]
94	SA027	kit, scissors and clamp	kit	1	1			clamp penis to maintain lidocaine in urethra
95	SA058	pack, urology cystoscopy visit	pack	1	1			disposable supplies related to typical diagnostic cystoscopy and cystoscope equipment *cysto table cover, 2 leggings, cystoscopy* *povidone soln (Betadine) - 10 ml* *tubing, irrigation (cysto) - 1 item* *gloves, non-sterile - 1 pair* *gloves, sterile - 1 pair* *lidocaine 2% jelly, topical - 10 ml* *sanitizing cloth-wipe **(patient)** - 5 item* *NaCl 0.9% irrigation (500-1000ml uou) - 1*
104	SJ032	lubricating jelly (K-Y) (5gm uou)	item	1	1			used to insert cystoscope
105	SB024	gloves, sterile	pair	3	1			for staff - the cystoscope pack only includes one pair of sterile gloves for surgeon
106	SD291	Urolift Implant and implantation device	0	1	1	1	1	one unit per implant - see pictures below
107	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	item	4	4			to clean instrument surfaces

				52441		52442		
				Current	REC	Current	REC	
				OFF	OFF	OFF	OFF	
				000	000	ZZZ	ZZZ	Comments
108	SA042	pack, cleaning and disinfecting, endoscope	pack	1	1			standard to clean scope
109	SB044	underpad 2ft x 3ft (Chux)	item	1				delete - two chux are available in packs
110	SH074	water, sterile for irrigation (250-1000ml uou)	item	1				delete - NaCl irrigation used instead
111	SC049	stop cock, 3-way	item	1				delete - not used
113	**Equipment Code**	**EQUIPMENT**	**Equipment Formula**					
115	EF027	table, instrument, mobile	Default	44	84	25	15	in room specific to procedure
116	EF031	table, power	Default	44	84	25	15	in room specific to procedure
117	EF014	light, surgical	Default	0	84	0	15	in room specific to procedure
118	EQ170	light, fiberoptic headlight w-source		44	0	25	0	delete – not used. Light source included with scope system
119	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	Scope Systems	44	59	25	15	required for procedure
120	ES018	fiberscope, flexible, cystoscopy	Scope	74	86	25	15	required for procedure

SD291	Urolift Implant and implantation device

The UroLift® System (UL400) is comprised of two main components: UroLift Delivery Device and UroLift Implant.

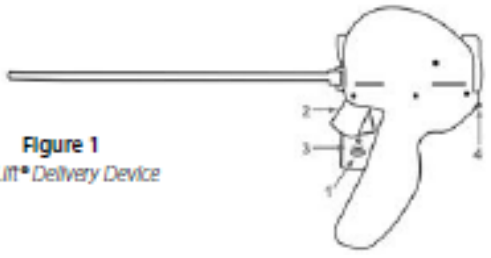


Figure 1
UroLift® Delivery Device

The UroLift Implant **(Figure 2)** consists of a Capsular Tab connected by PET (Polyethylene Terephthalate) monofilament suture to the Urethral End-Piece.

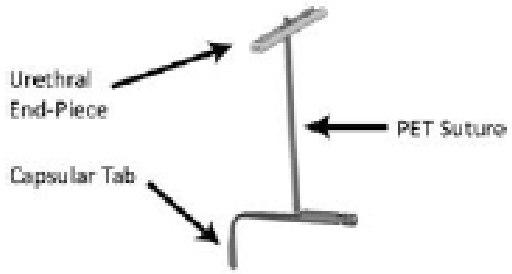


Figure 2
UroLift® Implant

	A	B	E	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**			**CURRENT**		**Revised 1-16-19**		**CURRENT**		**Revised 1-16-19**	
2		***column C. For more complete information about summaries and***		**52441**		**52441**		**52442**		**52442**	
3		***RUC Collaboration Website***		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;	
4	**Clinical Activity Code**	**Meeting Date: 01-2019 Tab: 23 Specialty: AUA**	**Clinical Staff Type**								
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		**$ 940.34**	**$ -**	**$ 978.25**	**$ 8.14**	**$ 809.46**	**$ -**	**$ 803.63**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	RN/LPN/MTA	**88**	**0**	**106**	**22**	**25**	**0**	**15**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**6**	**19**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	RN/LPN/MTA	**88**	**0**	**97**	**0**	**25**	**0**	**15**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**		**$ 32.56**	**$ -**	**$ 39.04**	**$ 8.14**	**$ 9.25**	**$ -**	**$ 5.55**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery or procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	RN/LPN/MTA			3	3				
16	CA002	Coordinate pre-surgery services (including test results)	RN/LPN/MTA				5				
17	CA003	Schedule space and equipment in facility	RN/LPN/MTA				3				
18	CA004	Provide pre-service education/obtain consent	RN/LPN/MTA				5				
19	CA005	Complete pre-procedure phone calls and prescription	RN/LPN/MTA			3	3				
20		**End: When patient enters office/facility for surgery/procedure**									
21		**SERVICE PERIOD**									
22		**Start: When patient enters office/facility for surgery/procedure:**									
23		**Pre-Service (of service period)**									
24	CA009	Greet patient, provide gowning, ensure appropriate medical records	RN/LPN/MTA	3		3					
25	CA010	Obtain vital signs	RN/LPN/MTA	3		3					
26	CA011	Provide education/obtain consent	RN/LPN/MTA	3		3					
27	CA013	Prepare room, equipment and supplies	RN/LPN/MTA	2		2					
28	CA015	Setup scope (nonfacility setting only)	RN/LPN/MTA	5		5					
29	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	RN/LPN/MTA	2		5					
30	CA017	Sedate/apply anesthesia	RN/LPN/MTA			2					
31	CA017	Sedate/apply anesthesia	RN/LPN/MTA			5					
32		**Intra-service (of service period)**									
33	CA018	Assist physician or other qualified healthcare professional---directly	RN/LPN/MTA	30		25		25		15	
34		**Post-Service (of service period)**									
35	CA023	Monitor patient following procedure/service, no multitasking	RN/LPN/MTA			5					
36	CA022	Monitor patient following procedure/service, multitasking 1:4	RN/LPN/MTA	2		2.5					
37	CA024	Clean room/equipment by clinical staff	RN/LPN/MTA	3		3					
38	CA025	Clean scope	RN/LPN/MTA	30		30					
39	CA029	Check dressings, catheters, wounds	RN/LPN/MTA	2		1					
40	CA035	Review home care instructions, coordinate visits/prescriptions	RN/LPN/MTA	3		2					
41		**End: Patient leaves office**									
42		**POST-SERVICE PERIOD**									
43		**Start: Patient leaves office/facility**									
44	CA037	Conduct patient communications	RN/LPN/MTA			3	3				
45	CA038	Coordinate post-procedure services	RN/LPN/MTA								
59		**End: with last office visit before end of global period**									

	A	B	E	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**			**CURRENT**		**Revised 1-16-19**		**CURRENT**		**Revised 1-16-19**	
2		***column C. For more complete information about summaries and***		**52441**		**52441**		**52442**		**52442**	
3		***RUC Collaboration Website***		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;		Cystourethroscopy, with insertion of permanent adjustable transprostatic implant;	
4	**Clinical Activity Code**	**Meeting Date: 01-2019 Tab: 23 Specialty: AUA**	**Clinical Staff Type**								
5		**LOCATION**		**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**		**$ 940.34**	**$ -**	**$ 978.25**	**$ 8.14**	**$ 809.46**	**$ -**	**$ 803.63**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	RN/LPN/MTA	**88**	**0**	**106**	**22**	**25**	**0**	**15**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**6**	**19**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	RN/LPN/MTA	**88**	**0**	**97**	**0**	**25**	**0**	**15**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	RN/LPN/MTA	**0**	**0**	**3**	**3**	**0**	**0**	**0**	**0**
60	**Supply**	**MEDICAL SUPPLIES**	**UNIT**								
61		**TOTAL COST OF SUPPLY QUANTITY x PRICE**		**$ 897.25**	**$ -**	**$ 924.49**	**$ -**	**$ 794.95**	**$ -**	**$ 794.95**	**$ -**
62	SA048	pack, minimum multi-specialty visit	pack	1		1					
63		*paper, exam table - 7 ft*									
64		*gloves, non-sterile - 2 pair*									
65		*gown, patient - 1 item*									
66		*pillow case - 1 item*									
67		*cover, thermometer probe - 1 item*									
68	SB001	cap, surgical	item	2		2					
69	SB039	shoe covers, surgical	pair	2		2					
70	SB027	gown, staff, impervious	item	1		1					
71	SB034	mask, surgical, with face shield	item	1		1					
72	SB012	drape, sterile, for Mayo stand	item	1		1					
73	SB019	drape-towel, sterile 18in x 26in	item	2		2					
74	SA063	tray, catheter insertion (w-o catheter)	tray	1		2					
75		*underpad 2ft x 3ft (Chux)*									
76		*gloves, sterile, 1 pair*									
77		*povidone-iodine soln, 30 ml*									
78		*prepping balls*									
79		*plastic forceps*									
80		*lubricating jelly (K-Y) 10 gm*									
81		*pre-filled sterile water syringee 10 ml*									
82		*basin for urine collection*									
83	SD030	catheter, straight	item	1		1					
84	SD024	catheter, Foley	item	1		1					
85	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	item			1					
86	SJ031	leg or urinary drainage bag	item	1		1					
87	SJ053	swab-pad, alcohol	item			1					
88	SH047	lidocaine 1%-2% inj (Xylocaine)	ml	50		20					
89	SC053	syringe 20ml	item			1					
90	SC029	needle, 18-27g	item			1					
91	SC028	needle, 18-26g 1.5-3.5in, spinal	item			1					
92	SC062	syringe, Toomey	item	1		1					
93	SH048	lidocaine 2% jelly, topical (Xylocaine)	ml			30					
94	SA027	kit, scissors and clamp	kit	1		1					
95	SA058	pack, urology cystoscopy visit	pack	1		1					
96		*cysto table cover, 2 leggings, cystoscopy T-sheet*									
97		*povidone soln (Betadine) - 10 ml*									
98		*tubing, irrigation (cysto) - 1 item*									
99		*gloves, non-sterile - 1 pair*									
100		*gloves, sterile - 1 pair*									
101		*lidocaine 2% jelly, topical (Xylocaine) - 10 ml*									
102		*sanitizing cloth-wipe **(patient)** - 5 item*									
103		*sodium chloride 0.9% irrigation (500-1000ml uou) - 1 item*									
104	SJ032	lubricating jelly (K-Y) (5gm uou)	item	1		1					
105	SB024	gloves, sterile	pair	3		1					
106	SD291	Urolift Implant and implantation device	0	1		1		1		1	
107	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	item	4		4					
108	SA042	pack, cleaning and disinfecting, endoscope	pack	1		1					
109	SB044	underpad 2ft x 3ft (Chux)	item	1							
110	SH074	water, sterile for irrigation (250-1000ml uou)	item	1							
111	SC049	stop cock, 3-way	item	1							
112											
113	**Equipment Code**	**EQUIPMENT**	**Equipment Formula**								
114		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**		**$ 10.53**	**$ -**	**$ 14.73**	**$ -**	**$ 5.26**	**$ -**	**$ 3.13**	**$ -**
115	EF027	table, instrument, mobile	Default	44		87		25		15	
116	EF031	table, power	Default	44		87		25		15	
117	EF014	light, surgical	Default	0		87		0		15	
118	EQ170	light, fiberoptic headlight w-source		44		0		25		0	
119	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	Scope Systems	44		62		25		15	
120	ES018	fiberscope, flexible, cystoscopy	Scope	74		89		25		15	
121											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Exam – Sinuses – Tab 24

In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. In January 2018, the RUC recommended to crosswalk these services like other recent similar radiology recommendations for April 2018. The RUC used a similar cross-walking methodology as it did for CY 2019 codes that were rejected in the NRPM for 2019, for 7 X-ray codes that were reviewed at the April 2018 meeting for CY 2020. (CPT codes 70210, 70220, 70250, 70260, 70360, 72170 and 72190). The RUC requested that the specialties survey these seven services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

Compelling Evidence
The specialty societies presented compelling evidence based on flawed methodology for CPT code 70210. Both codes in this family are CMS/Other sourced, as identified by the screen, therefore how the times and values were established is unknown. Codes with the CMS/Other designation were never surveyed by the RUC or any other stakeholder; their physician time and work were assigned by CMS in rulemaking over 20 years ago using an unknown method. Thus, the RUC accepted compelling evidence based on flawed methodology.

70210 ***Radiologic examination, sinuses, paranasal, less than 3 views***The RUC reviewed the survey results from 41 radiologists and family physicians and determined that the survey 25th percentile work RVU of 0.20 accurately reflects the physician work necessary for this service. The sinus exams include axial views that contain overlapping structures (head, neck, spine) which are more difficult images to interpret and have historically been considered more complex. The RUC recommends 1 minute pre-service time, 3 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 70210 to the top key reference code 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22, 4 minutes intra-service time) and noted that the two axial examinations require similar amounts of physician work to perform but the reference code has one minute more of intra-service time justifying the slightly higher value. For additional support, the RUC compared CPT code 70210 to MPC code 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time) and noted that the intra-service time is two minutes higher for the comparison code but there is no pre-service time and the work is less intense. The comparison code is a single view orthopantogram which is less intense work compared to the survey code which is typically two views of the paranasal sinuses. The RUC also compared CPT code 70210 to MPC code 96402 *Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic* (work RVU = 0.19, 3 minutes intra-service time) and noted that the intra-service times are identical and the amount of physician work is similar although the survey code has less total time and is more intense to perform than the comparison code and therefore should be appropriately valued higher.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC concluded that CPT code 70210 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.20 for CPT code 70210.**

70220 ***Radiologic examination, sinuses, paranasal, complete, minimum of 3 views***
The RUC reviewed the survey results from 41 radiologists and family physicians and determined that the survey 25th percentile work RVU of 0.22 accurately reflects the physician work necessary for this service and falls below the existing value. The RUC recommends 1 minute pre-service time, 4 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 70220 to the top key reference code 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22, 4 minutes intra-service time) and noted that these services are well-matched, requiring identical physician work, times, and intensity to perform and thus should be valued similarly. For additional support, the RUC compared CPT code 70210 to MPC code 92567 *Tympanometry (impedance testing)* (work RVU = 0.20, 4 minutes intra-service time) and noted that both services have identical intra-service time, whereas the survey code is a more intense service to perform and should be appropriately valued higher than the comparison code.

To further justify the recommendation, the RUC noted that there are multiple other CPT codes for X-ray exams with work RVU = 0.22, 4 minutes intra-service time, 6 minutes total time: 71100, 72072, 72074, 72080, 73502, 73521. The RUC concluded that CPT code 70220 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.22 for CPT code 70220.**

Practice Expense
These services were reviewed and approved by the PE Subcommittee in April 2018. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70210	Radiologic examination, sinuses, paranasal, less than 3 views	XXX	0.20
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	XXX	0.22

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70210 Tracking Number Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.20**

CPT Descriptor: Radiologic examination, sinuses, paranasal, less than 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old woman has fever and nasal congestion.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of the sinuses for air-fluid levels or opacification, pattern of sinus opacification, erosions, and skull abnormalities. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019					
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Lauren Golding, MD;Gregory Nicola, MD; Melissa Chen, MD; Megan Adamson, MD					
Specialty(s):	American College of Radiology, American Academy of Family Physicians, American Society of Neuroradiology					
CPT Code:	70210					
Sample Size:	3566	**Resp N:**	41	**Response:** 1.1 %		
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 1,816 members. The AAFP surveyed a random sample of 1,000 members.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	50.00	250.00
Survey RVW:	0.15	0.20	**0.21**	0.27	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70210	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71101	XXX	0.27	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	**RUC Time**	856,575

CPT Descriptor 1 Tympanometry (impedance testing)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
96401	XXX	0.21	**RUC Time**

CPT Descriptor Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 **% of respondents:** 29.2 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 14.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 70210	Top Key Reference CPT Code: 71046	2nd Key Reference CPT Code: **71101**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	50%	42%	8%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	58%	8%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	42%	25%
Physical effort required	25%	75%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	33%	17%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	67%	17%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	33%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%
Physical effort required	0%	83%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 70210 *(Radiologic examination, sinuses, paranasal, less than 3 views)* and 70220 *(Radiologic examination, sinuses, paranasal, complete, minimum of 3 views)* were identified by the CMS/Other Source – Utilization over 30,000 screen. These codes were initially addressed at the April 2018 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this family for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 1,816 members. The American Academy of Family Physicians surveyed a random sample of 1,000 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 70210 to support the proposed work RVU and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.20 for CPT code 70210, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the median survey times: 1 minute of pre-service time, 3 minutes of intra-service time, and 1 minute of post-service time for CPT code 70210.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **71046** *(Radiologic examination, chest; 2 views)*, chosen by 29% of respondents, and
- **71101** *(Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views)*, chosen by 15% respondents.

CPT code 70210 compares favorably to the two KRS codes, 71046 and 71101. All three codes have similar intra-service and total times, with slightly different work RVUs.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70210	**Radiologic examination,**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**

	sinuses, paranasal, less than 3 views						
71046	Radiologic examination, chest; 2 views	0.22	1	4	1	6	0.0438
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27	1	5	1	7	0.0450

MPC Codes

The recommended times and value for 70210 compare well with three MPC codes, 92567 *(Tympanometry (impedance testing))*, 70355 *(Orthopantogram (eg, panoramic x-ray))*, and 96401 *(Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic)*. CPT code 92567 has one more minute of intra-service time, with identical pre and post service times. This code is less intense than 70210 which is accurately reflected in the identical RVUs. Similarly, 70355 is a single view orthopantogram and is less intense work compared to 70210 which is typically 2 views of the paranasal sinuses. 70355 has two more minutes of intra-service time but no pre-service time and has the same RVU as the recommendation for 70210. Chemotherapy administration, 96401, has more pre and post service time but identical intra-service time compared to 70210. 96401 is less intense work and compares well just slightly above the recommended RVU value for 70210.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70210	**Radiologic examination, sinuses, paranasal, less than 3 views**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**
92567	Tympanometry (impedance testing)	0.20	1	4	1	6	0.0388
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
96401	Chemotherapy administration	0.21	4	3	2	9	0.0252

Summary of Recommendation

Our specialties recommend 0.20 RVUs, with service period times of 1, 3, and 1 minutes for CPT code 70210.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 70210 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70210

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Family Medicine How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 118413
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 70210 provided nationally in a one-year period is estimated to be 118,413.

Specialty Diagnostic Radiology Frequency 38440 Percentage 32.46 %

Specialty Family Medicine Frequency 24610 Percentage 20.78 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 39,471
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. The specialties estimate that CPT code 70210 will be provided 39,471 times to Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 12815 Percentage 32.46 %

Specialty Family Medicine Frequency 8203 Percentage 20.78 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70210

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code: 70220 Tracking Number

Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
RUC Recommended RVU: **0.22**

Global Period: XXX Current Work RVU: **0.25**

CPT Descriptor: Radiologic examination, sinuses, paranasal, complete, minimum of 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 47-year-old woman with history of recurrent sinusitis presents with sinus pain and pressure.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of the sinuses for air-fluid levels or opacification, pattern of sinus opacification, erosions and skull abnormalities. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Lauren Golding, MD; Gregory Nicola, MD; Melissa Chen, MD, Megan Adamson, MD				
Specialty(s):	American College of Radiology, American Academy of Family Physicians, American Society of Neuroradiology				
CPT Code:	70220				
Sample Size:	3566	**Resp N:**	41	**Response:** 1.1 %	
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 1,816 members. The AAFP surveyed a random sample of 1,000 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**20.00**	30.00	250.00
Survey RVW:	0.15	0.22	**0.26**	0.30	2.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**4.00**	5.00	10.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70220	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71101	XXX	0.27	**RUC Time**

CPT Descriptor Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,813

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93922	XXX	0.25	**RUC Time**	677,730

CPT Descriptor 2 Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 **% of respondents:** 17.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 17.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 70220	Top Key Reference CPT Code: 71046	2nd Key Reference CPT Code: 71101
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	4.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**6.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	29%	57%	14%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	71%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	29%	43%	29%
Physical effort required	14%	86%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	57%	14%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	71%	14%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	57%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	57%	43%
Physical effort required	0%	86%	14%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	43%	43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT codes 70210 *(Radiologic examination, sinuses, paranasal, less than 3 views)* and 70220 *(Radiologic examination, sinuses, paranasal, complete, minimum of 3 views)* were identified by the CMS/Other Source – Utilization over 30,000 screen. These codes were initially addressed at the April 2018 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this family for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 1,816 members. The American Academy of Family Physicians surveyed a random sample of 1,000 members.

Work RVU Recommendation

The specialties recommend a work RVU of 0.22 for CPT code 70220, which is the 25th percentile survey value. This is reduction in value from 0.25 work RVU.

Time Recommendation

The specialties recommend median survey times of 1 minute of pre-service time, 4 minutes of intra-service time, and 1 minute of post-service for CPT code 70220.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **71046** *(Radiologic examination, chest; 2 views)*, chosen by 17% of respondents, and
- **71101** *(Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views)*, chosen by 17% respondents.

CPT code 70220 compares favorably to the two KRS codes, 71046 and 71101. All three codes have similar or identical intra-service and total times, with slightly different work RVUs and IWPUTs.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70220	**Radiologic examination, sinuses, paranasal, complete, minimum of 3 views**	**0.22**	**1**	**4**	**1**	**6**	**0.0438**
71046	Radiologic examination, chest; 2 views	0.22	1	4	1	6	0.0438
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	0.27	1	5	1	7	0.0450

MPC Code

The recommended times and value for 70220 compare well with 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view)* and 93922 *(Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels))*. 70220 has one minute less intra-service time and four minutes less total time than 93922, and accounting for the lower intensity of work associated with 93922, the recommended RVU of 0.22 for 70220 compares well with 0.25 RVU for 93922. With one minute more intra-service time and identical intensity, 0.26 RVU for 72081 compares well with the 0.22 recommended RVU for 70220.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70220	**Radiologic examination, sinuses, paranasal, complete, minimum of 3 views**	**0.22**	**1**	**4**	**1**	**6**	**0.0438**
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries	0.25	3	5	2	10	0.0276
72081	X-ray spine (scoliosis eval); one view	0.26	1	5	1	7	0.0430

Summary of Recommendation

The specialties recommend 0.22 RVUs, with service period times of 1, 4, and 1 minutes for CPT code 70220.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) CPT code 70220 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Family Medicine How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 209880
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 70220 provided nationally in a one-year period is estimated to be 209,880.

Specialty Diagnostic Radiology Frequency 126675 Percentage 60.35 %

Specialty Family Medicine Frequency 25506 Percentage 12.15 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 69,960
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The specialties estimate that CPT code 70220 will be provided 69,960 times to Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 42225 Percentage 60.35 %

Specialty Family Medicine Frequency 8500 Percentage 12.14 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70220

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Exam Sinuses

TAB: 24

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	71046	Radiologic examination, chest; 2 views	12	0.0438			0.22			6	1					4			1					
2nd REF	71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	6	0.0450			0.27			7	1					5			1					
CMS/Other	70210	Radiologic examination, sinuses, paranasal, less than 3 views		#DIV/0!			0.17			5														
SVY	70210	Radiologic examination, sinuses, paranasal, less than 3 views	41	0.0551	0.15	0.20	0.21	0.27	1.00	5	1			1	2	3	5	15	1	0	10	20	50	250
SVY - ACR	70210	Radiologic examination, sinuses, paranasal, less than 3 views	22	0.0476	0.16	0.20	0.21	0.25	0.35	6	1			1	2	3	4	5	2	0	10	20	29	200
SVY - Subset	70210	Radiologic examination, sinuses, paranasal, less than 3 views	11	0.0401	0.16	0.19	0.21	0.23	0.25	7	2			2	3	3	4	5	2	10	18	20	22	100
SVY - Random	70210	Radiologic examination, sinuses, paranasal, less than 3 views	11	0.0584	0.18	0.20	0.22	0.30	0.35	5	1			1	2	3	3	5	1	0	8	20	40	200
SVY - ASNR	70210	Radiologic examination, sinuses, paranasal, less than 3 views	14	0.0463	0.17	0.20	0.23	0.26	0.35	6	1			2	2	4	4	5	1	5	10	38	50	250
SVY - AAFP	70210	Radiologic examination, sinuses, paranasal, less than 3 views	5	-0.0093	0.15	0.17	0.20	0.27	1.00	16	6			3	5	5	5	15	5	0	1	1	2	2
REC	70210	Radiologic examination, sinuses, paranasal, less than 3 views		0.0517			0.20			5	1					3			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	71046	Radiologic examination, chest; 2 views	7	0.0438			0.22			6	1					4			1					
2nd REF	71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	7	0.0450			0.27			7	1					5			1					
CMS/Other	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views		#DIV/0!			0.25			7														
SVY	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	41	0.0538	0.15	0.22	0.26	0.30	2.00	6	1			1	3	4	5	10	1	0	10	20	30	250
SVY - ACR	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	22	0.0482	0.17	0.23	0.26	0.30	0.36	7	1			1	3	4	5	7	2	5	10	20	30	200
SVY - Subset	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	11	0.0351	0.17	0.22	0.23	0.29	0.32	8	2			2	3	4	6	7	2	10	11	20	30	200
SVY - Random	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	11	0.0817	0.20	0.24	0.29	0.32	0.36	5	1			1	3	3	5	5	1	5	10	20	40	200
SVY - ASNR	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	14	0.0563	0.19	0.22	0.27	0.30	0.40	6	1			2	3	4	5	6	1	5	10	25	88	250
SVY - AAFP	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	5	-0.0093	0.15	0.17	0.20	0.27	2.00	16	6			4	5	5	5	10	5	0	0	0	1	2
REC	70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views		0.0438			0.22			6	1					4			1					

CPT Code: 70210, 70220
Specialty Society: ACR, ASNR, AAFP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

70210	Radiologic examination, sinuses, paranasal, less than 3 views
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR), American Society of Neuroradiology (ASNR), and American Academy of Family Physicians (AAFP) convened a consensus panel to finalize the practice expense data for the X-Ray exam sinuses code family, CPT codes 70210 and 70220.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for codes 70210 and 70220 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   CPT code 70210 is typically billed with an E/M.
   Both CPT codes 70210 and 70220 are typically billed with an E/M in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?

	Nonfacility		Global	
70210	FAMILY MEDICINE	30%	DIAGNOSTIC RADIOLOGY	33%
70220	DIAGNOSTIC RADIOLOGY	25%	DIAGNOSTIC RADIOLOGY	60%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Bring patient into x-ray room and have patient sit/lie on x-ray table or stand as appropriate. Place first cassette behind patient's head. Position patient's anatomy for the frontal sinus (PA Waters) view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette from behind patient and place second cassette as needed. Position patient's anatomy for lateral sinus view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out behind patient. The above steps are repeated for any additional views to be obtained (typical additional views would be modified Waters and AP). All cassettes are then taken to the image reader. Run all cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    The following clinical staff times were increased to the standard/baseline minutes:
    - CA013 – Prepare room, equipment, and supplies (2 mins is standard)
    - CA016 – Prepare, set up and start IV, initial positioning and monitoring of patient (2 mins is standard)
    - CA024 – Clean room/equipment by clinical staff (3 mins is standard)
    - CA030 **–** Technologist QC's images in PACS, checking for all images, reformats, and dose page (2 mins is baseline)
    - CA031 – Review examination with interpreting MD/DO (2 mins is baseline)
    - CA032 – Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue. (1 min is baseline)

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	I	K	M	O
1	RUC Practice Expense Spreadsheet				CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries			70210	70210	70220	70220
3		RUC Collaboration Website			Radiologic examination, sinuses, paranasal, less than 3 views (Aug 2003)	Radiologic examination, sinuses, paranasal, less than 3 views (Jan. 2019)	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views (Aug 2003)	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views (Jan 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 24 - X-Ray Sinuses Specialty: ACR, ASNR, AAFP	Clinical Staff Type Code	Clinical Staff Type				
5		LOCATION			Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD						
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME			$ 10.62	$ 8.35	$ 13.15	$ 10.27
8		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	16.0	18.0	20.0	21.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	16.0	18.0	20.0	21.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER			$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD						
14		Start: Following visit when decision for surgery or procedure made						
29		End: When patient enters office/facility for surgery/procedure						
30		SERVICE PERIOD						
31		Start: When patient enters office/facility for surgery/procedure:						
32		Pre-Service (of service period)						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	3		3	
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies	L041B	Radiologic	1	2	1	2
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L041B	Radiologic	1	2	1	2
41	CA017	Sedate/apply anesthesia						
48		Intra-service (of service period)						
49	CA018	Assist physician or other qualified healthcare professional---						
50	CA019	Assist physician or other qualified healthcare professional---						
51	CA020	Assist physician or other qualified healthcare professional---						
52	CA021	Perform procedure/service---NOT directly related to physician	L041B	Radiologic	6	6	9	9
59		Post-Service (of service period)						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	2	3	2	3
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images,	L041B	Radiologic		2		2
69	CA031	Review examination with interpreting MD/DO	L041B	Radiologic	3	2	4	2
70	CA032	Scan exam documents into PACS. Complete exam in RIS	L041B	Radiologic		1		1
71	CA033	Perform regulatory mandated quality assurance activity (service						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting,						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management			n/a	n/a	n/a	n/a
81		End: Patient leaves office						
82		POST-SERVICE PERIOD						
83		Start: Patient leaves office/facility						
99		End: with last office visit before end of global period						
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT				
101		TOTAL COST OF SUPPLY QUANTITY x PRICE			$ 0.55	$ -	$ 0.55	$ -
102	SB026	gown, patient	0.547	item	1		1	
103								
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula				
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE			$ 10.07	$ 8.35	$ 12.60	$ 10.27
112	ED050	Technologist PACS workstation	5557	PACS	16	18	20	21
113	ED053	Professional PACS Workstation	14829.6153	Other Formula	3	4	4	5
114	EL012	room, basic radiology	157366.593	Highly Technical	16	13	20	16

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Exam – Skull – Tab 25

In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. CPT code 70250 was identified by this screen and CPT code 70260 was added as part of the family. In January 2018, the RUC recommended to crosswalk these services like other recent similar radiology recommendations for April 2018. The RUC used a similar cross-walking methodology as it did for CY 2019 codes that were rejected in the NRPM for 2019, for seven X-ray codes that were reviewed at the April 2018 meeting for CY 2020. (CPT codes 70210, 70220, 70250, 70260, 70360, 72170 and 72190). The RUC requested that the specialties survey these seven services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

70250 ***Radiologic examination, skull; less than 4 views***
The RUC reviewed the survey results from 43 radiologists and determined that the survey 25th percentile work RVU of 0.20 accurately reflects the physician work necessary for this service and falls below the existing value. The RUC recommends 1 minute pre-service time, 3 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 70250 to both the top key reference service 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22, 4 minutes intra-service time) and the second highest key reference service 73562 *Radiologic examination, knee; 3 views* (work RVU = 0.18, 4 minutes intra-service time) and agreed that these codes appropriately bracket the survey code. The RUC noted that the intra-service time for the survey code is one minute less with a slightly lower RVU and thus is appropriately valued relative to the chest X-ray reference code. In comparison to code 73562, the survey code has one minute less intra-service time and the physician work is more intense due to the complexity of the anatomy being studied. The survey code involves an axial structure, as opposed to the knee, with many overlapping structures in the skull and skull base, thus the complexity and technical skill is slightly higher than for the knee. The survey code is appropriately valued higher than the second KRS and other X-ray codes valued at 0.18 due to the greater complexity reflected clinically in the work required for the study of the skull. For additional support, the RUC compared CPT code 70250 to MPC code 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time), which is also the third-highest chosen key reference service, and noted that the codes have similar total time and identical amount of physician work.

The RUC concluded that CPT code 70250 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.20 for CPT code 70250.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

70260 ***Radiologic examination, skull; complete, minimum of 4 views***
The RUC reviewed the survey results from 43 radiologists and determined that the survey 25th percentile work RVU of 0.29 accurately reflects the physician work necessary for this service and is lower than the current value. The RUC recommends 1 minute pre-service time, 4 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 70260 to the second highest key reference code 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time) and noted that the intra-service time for the survey code is one minute less and the physician work is more intense due to the complexity of the anatomy being studied. The RUC also compared CPT code 70260 to MPC code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time) and noted similarly that the intra-service time for the survey code is one minute less and the physician work is more intense due to the complexity of the anatomy being studied and the greater number of views, therefore the survey code is appropriately valued higher than the comparison code.

To further justify a work RVU of 0.29, the RUC compared the survey code to CPT code 71047 *Radiologic examination, chest; 3 views* (work RVU = 0.27, 4 minutes intra-service time) and CPT code 74021 *Radiologic examination, abdomen; 3 or more views* (work RVU = 0.27, 4 minutes intra-service time) and noted that although these services have identical service times, the survey code involves a slightly greater intensity of physician work, due to the greater number of views and greater complexity of the skull study, supporting a higher valuation.

The RUC concluded that CPT code 70260 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.29 for CPT code 70260.**

Practice Expense
These services were reviewed and approved by the PE Subcommittee in April 2018. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70250	Radiologic examination, skull; less than 4 views	XXX	0.20
70260 **(f)**	Radiologic examination, skull; complete, minimum of 4 views	XXX	0.29

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70250 Tracking Number

Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
RUC Recommended RVU: **0.20**

Global Period: XXX Current Work RVU: **0.24**

CPT Descriptor: Radiologic examination, skull; less than 4 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old woman with abrasion to scalp with concern for retained foreign objects.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of the cranial sutures, bones and soft tissues. Assess the integrity and morphology of the bones. Evaluate for foreign bodies. Assess shunt position and settings, if present. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD, PhD; Gregory Nicola, MD; Melissa Chen, MD; Lauren Golding, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	70250		
Sample Size:	3568	**Resp N:** 43	**Response:** 1.2 %
Description of Sample:	The ACR surveyed a total of 1,750 members (a random sample of 875 members and a separate random sample of 875 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 1,818 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**24.00**	43.00	250.00
Survey RVW:	0.16	0.20	**0.23**	0.30	0.68
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	12.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70250	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92567	XXX	0.20	**RUC Time**	856,575

CPT Descriptor 2 Tympanometry (impedance testing)

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 18.6 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 11.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 70250	Top Key Reference CPT Code: 71046	2nd Key Reference CPT Code: **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	38%	63%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	50%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	88%	0%
Physical effort required	0%	75%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	50%	38%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	100%	0%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	80%	0%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	100%	0%
Physical effort required	0%	100%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The X-ray skull CPT code 70250 *(Radiologic examination, skull; less than 4 views)* was identified by the CMS/Other Source – Utilization over 30,000 screen. The family was expanded to include CPT code 70260 *(Radiologic examination, skull; complete, minimum of 4 views).*
This code family was initially addressed at the April 2018 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this family for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 1,750 members (a random sample of 875 members and a separate random sample of 875 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 1,818 members.

Work RVU recommendation

The specialties recommend the 25th percentile survey work RVU of 0.20 for CPT code 70250, which is lower than the current value of 0.24 work RVU.

Time Recommendation

The specialties recommend the median survey times: 1 minute of pre-service time, 3 minutes of intra service time, and 1 minute of post service time for CPT code 70250.

Key Reference Services

The most commonly chosen reference codes by survey participants are:

- **71046** *(Radiologic examination, chest; 2 views)*, chosen by 19% of respondents,
- **73562** *(Radiologic examination, knee; 3 views*), chosen by 12% of respondents, and
- **70355** *(Orthopantogram (eg, panoramic x-ray))*, chosen by 9% of respondents.

Our recommended work RVU of 0.20 compares well to the two most commonly chosen key reference services, falling equidistant between 71046 *(Radiologic examination, chest; 2 views)* and 73562 *(Radiologic examination, knee; 3 views*). CPT code 70250 has a near identical intra-service time to the comparison studies, varying by only one minute, and a slightly higher IWPUT than the comparisons due to the complexity of the anatomy being studied. Moreover, the patient population for 70250 tends to be more complex than those in the KRS, as 70250 is typically performed in a hospital setting. CPT code 70250 also compares well to the third KRS, 70355 *(Orthopantogram (eg, panoramic x-ray))*, which has a similar total time and identical work RVU.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338
70250	**Radiologic examination, skull; less than 4 views**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
71046	Radiologic examination, chest; 2 views	0.22	1	4	1	6	0.0438

MPC Codes

CPT code 70250 compares well to two MPC codes, 70355 *(Orthopantogram (eg, panoramic x-ray))*, which is also the third-highest chosen key reference code, and 92567 *(Tympanometry (impedance testing))*. CPT codes 70250, 70355, and 92567 all have similar total times and identical work RVUs.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70250	**Radiologic examination, skull; less than 4 views**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**
92567	Tympanometry (impedance testing)	0.20	1	4	1	6	0.0388
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations

Our specialties recommend the 25th percentile survey value of 0.20 RVU, which is lower than the current value of 0.24 RVU, with service period times of 1, 3, and 1 minutes for CPT code 70250.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70250

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 139430
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70250 is estimated to be provided 139,430 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 99755 Percentage 71.54 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 46,475
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70250 is estimated to be provided 46,475 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 33250 Percentage 71.54 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70250

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70260 Tracking Number Original Specialty Recommended RVU: **0.29**
Presented Recommended RVU: **0.29**
Global Period: XXX Current Work RVU: **0.34** RUC Recommended RVU: **0.29**

CPT Descriptor: Radiologic examination, skull; complete, minimum of 4 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old woman with shunt with need to assess shunt placement and settings.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of the cranial sutures, bones and soft tissues. Assess the integrity and morphology of the bones. Evaluate for foreign bodies. Assess shunt position and settings, if present. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Gregory Nicola, MD; Melissa Chen, MD; Lauren Golding, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	70260		
Sample Size:	3568	**Resp N:** 43	**Response:** 1.2 %
Description of Sample:	The ACR surveyed a total of 1,750 members (a random sample of 875 members and a separate random sample of 875 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 1,818 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**12.00**	30.00	250.00
Survey RVW:	0.22	0.29	**0.32**	0.35	0.65
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**4.00**	6.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70260	**Recommended Physician Work RVU: 0.29**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72083	XXX	0.35	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,813

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 20.9 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 13.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 70260	**Top Key Reference CPT Code:** 72083	**2nd Key Reference CPT Code:** **73522**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	7.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**9.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	56%	33%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	67%	22%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	67%	22%

Physical effort required	11%	78%	11%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	67%	33%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	50%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	83%	17%
Physical effort required	0%	67%	33%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The X-ray skull CPT code 70250 *(Radiologic examination, skull; less than 4 views)* was identified by the

CMS/Other Source – Utilization over 30,000 screen. The family was expanded to include CPT code 70260 *(Radiologic examination, skull; complete, minimum of 4 views).* This code family was initially addressed at the April 2018 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this family for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 1,750 members (a random sample of 875 members and a separate random sample of 875 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 1,818 members.

Work RVU recommendation

The specialties recommend the 25th percentile survey work RVU of 0.29 for CPT code 70260, which is lower than the current value of 0.34 work RVU.

Time Recommendation

The specialties recommend the survey median intra- and post-service times of 4 minutes and 1 minute, respectively. We recommend 1 minute of pre-service time, which is a reduction from the survey median time, but is typical for recently-reviewed X-ray procedures. This is a total recommended time of 6 minutes (1 pre, 4 intra, 1 post) for CPT code 70260.

Key Reference Services

The most commonly chosen reference codes by survey participants are:

- **72083** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views),* chosen by 21% of respondents, and
- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views),* chosen by 14% of respondents.

Our recommended work RVU of 0.29 compares well to the most commonly chosen key reference services, with a value below that of 72083 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views)* and identical to 73522 *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views).* The IWPUT for 72060 is slightly higher than both KRS due to the complexity of the anatomy being studied. Moreover, the patient population for 70260 tends to be more complex than those in the KRS, as 70260 is typically performed in a hospital setting.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70260	**Radiologic examination, skull; complete, minimum of 4 views**	**0.29**	**1**	**4**	**1**	**6**	**0.0613**
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5	0.35	1	7	1	9	0.0436

	views						

MPC Code

Our proposed MPC code, 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view)*, has similar intra-service time and slightly lower work RVU, which is appropriate given the fewer views compared with 70260.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430
70260	**Radiologic examination, skull; complete, minimum of 4 views**	**0.29**	**1**	**4**	**1**	**6**	**0.0613**

Summary of Recommendations

Our specialties recommend the 25th percentile survey value of 0.29 RVUs, which is lower than the current value of 0.34 RVU, with service period times of 1, 4, and 1 minutes for CPT code 70260.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70260

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 32485
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70260 is estimated to be provided 32,485 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 24830 Percentage 76.43 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,830
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 70260 is estimated to be provided 10,830 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 8275 Percentage 76.40 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70260

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Exam Skull

TAB: 25

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIE MIN	SURVEY EXPERIE 25th	SURVEY EXPERIE MED	SURVEY EXPERIE 75th
1st REF	71046	Radiologic examination, chest; 2 views	8	0.0438			0.22			6	1					4			1				
2nd REF	73562	Radiologic examination, knee; 3 views	5	0.0338			0.18			6	1					4			1				
3rd REF	70355	Orthopantogram (eg, panoramic x-ray)	4	0.0355			0.20			6						5			1				
CMS/Other	70250	Radiologic examination, skull; less than 4 views		#DIV/0!			0.24			7													
SVY	70250	Radiologic examination, skull; less than 4 views	43	0.0617	0.16	0.20	0.23	0.30	0.68	5	1			1	2	3	5	12	1	0	8	24	43
SVY - ACR	70250	Radiologic examination, skull; less than 4 views	21	0.0617	0.16	0.18	0.23	0.31	0.55	5	1			1	2	3	5	12	1	0	5	20	45
SVY - Subset	70250	Radiologic examination, skull; less than 4 views	17	0.0617	0.16	0.18	0.23	0.31	0.35	5	1			1	3	3	5	12	1	0	5	20	45
SVY - Random	70250	Radiologic examination, skull; less than 4 views	4	0.0864	0.18	0.22	0.24	0.33	0.55	5	1			1	2	2	3	4	2	5	9	21	49
SVY - ASNR	70250	Radiologic examination, skull; less than 4 views	22	0.0488	0.18	0.20	0.24	0.26	0.68	6	1			1	2	4	5	7	1	5	10	24	38
REC	70250	Radiologic examination, skull; less than 4 views		0.0517			0.20			5	1					3			1				

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIE MIN	SURVEY EXPERIE 25th	SURVEY EXPERIE MED	SURVEY EXPERIE 75th
1st REF	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	9	0.0436			0.35			9	1					7			1				
2nd REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	6	0.0490			0.29			7	1					5			1				
Harvard	70260	Radiologic examination, skull; complete, minimum of 4 views		0.0486			0.34			7						7							
SVY	70260	Radiologic examination, skull; complete, minimum of 4 views	43	0.0632	0.22	0.29	0.32	0.35	0.65	7	2			1	3	4	6	15	1	0	5	12	30
SVY - ACR	70260	Radiologic examination, skull; complete, minimum of 4 views	21	0.0682	0.25	0.29	0.34	0.35	0.55	7	1			1	3	4	6	15	2	0	4	10	25
SVY - Subset	70260	Radiologic examination, skull; complete, minimum of 4 views	17	0.0546	0.25	0.27	0.34	0.35	0.41	8	1			1	3	5	6	15	2	0	3	15	40
SVY - Random	70260	Radiologic examination, skull; complete, minimum of 4 views	4	0.0943	0.29	0.29	0.35	0.44	0.55	6	1			2	2	3	3	4	2	5	5	8	11
SVY - ASNR	70260	Radiologic examination, skull; complete, minimum of 4 views	22	0.0506	0.22	0.28	0.32	0.35	0.65	8	2			1	3	5	7	12	1	1	10	20	30
REC	70260	Radiologic examination, skull; complete, minimum of 4 views		0.0613			0.29			6	1					4			1				

SS Rec Summary

	AS
13	
14	
15	**NCE**
16	**MAX**
17	
18	
19	
20	
21	**250**
22	**250**
23	**250**
24	**100**
25	**250**
26	
27	
28	**NCE**
29	**MAX**
30	
31	
32	
33	**250**
34	**200**
35	**200**
36	**12**
37	**250**
38	

CPT Code: 70250, 70260
Specialty Society: ACR, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

70250	Radiologic examination, skull; less than 4 views
70260	Radiologic examination, skull; complete, minimum of 4 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) and American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense data for the X-ray exam skull code family, CPT codes 70250 and 70260.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for codes 70250 and 70260 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   These codes are not typically billed with an E/M service in the nonfacility or in the global.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
70250	PORTABLE XRAY SUPPLIER	48%	DIAGNOSTIC RADIOLOGY	72%
70260	DIAGNOSTIC RADIOLOGY	42%	DIAGNOSTIC RADIOLOGY	76%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: We are not requesting time for obtaining vital signs.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Bring patient into x-ray room and have patient sit/lie on x-ray table or stand as appropriate. Place first cassette behind patient's skull. Position patient's anatomy for the AP skull (Towne) view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette from behind patient and place second cassette as needed. Position patient's anatomy for lateral skull view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out behind patient. The above steps are repeated for any additional views to be obtained (typical additional views would be PA Caldwell and submentovertex). All cassettes are then taken to the image reader. Run all cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    The following clinical staff times were increased to the standard/baseline minutes:
    - CA013 – Prepare room, equipment, and supplies (2 mins is standard)
    - CA016 – Prepare, set up and start IV, initial positioning and monitoring of patient (2 mins is standard)
    - CA024 – Clean room/equipment by clinical staff (3 mins is standard)
    - CA030 **–** Technologist QC's images in PACS, checking for all images, reformats, and dose page (2 mins is baseline)
    - CA031 – Review examination with interpreting MD/DO (2 mins is baseline)
    - CA032 – Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue. (1 min is baseline)

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

17. Please include an explanation of each line item:
    N/A

	A	B	D	E	I	K	M	O
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2		***column C. For more complete information about summaries and***			**70250**	**70250**	**70260**	**70260**
3		***RUC Collaboration Website***			Radiologic examination, skull; less than four views **(Aug 2003)**	Radiologic examination, skull; less than four views **(Jan 2019)**	Radiologic examination, skull; complete, minimum of four views, with or without stereo **(Aug 2003)**	Radiologic examination, skull; complete, minimum of four views, with or without stereo **(Jan 2019)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 25 - X-Ray Skull Specialty: ACR, ASNR**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 13.15**	**$ 10.27**	**$ 15.80**	**$ 12.19**
8		**TOTAL CLINICAL STAFF TIME**			**20.0**	**24.0**	**24.0**	**27.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**			**20.0**	**24.0**	**24.0**	**27.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**			**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedure made**						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist	**3**	**3**	**3**	**3**
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	**1**	**2**	**1**	**2**
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	**1**	**2**	**1**	**2**
41	CA017	Sedate/apply anesthesia						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly						
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	**9**	**9**	**12**	**12**
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	**2**	**3**	**2**	**3**
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	**4**	**2**	**5**	**2**
69	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist		**2**		**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist		**1**		**1**
71	CA033	Perform regulatory mandated quality assurance activity (service						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**
81		**End: Patient leaves office**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
99		**End: with last office visit before end of global period**						
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ 0.55**	**$ -**	**$ 0.55**	**$ -**
102	SB026	gown, patient	0.547	item	**1**		**1**	
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ 12.60**	**$ 10.27**	**$ 15.25**	**$ 12.19**
112	ED050	Technologist PACS workstation	5557	PACS	**20**	**24**	**24**	**27**
113	ED053	Professional PACS Workstation	14829.6153	Other Formula	**4**	**4**	**7**	**5**
114	EL012	room, basic radiology	157366.593	Highly Technical	**20**	**16**	**24**	**19**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Exam – Neck – Tab 26

In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. In January 2018, the RUC recommended to crosswalk these services like other recent similar radiology recommendations for April 2018. The RUC used a similar cross-walking methodology as it did for CY 2019 codes that were rejected in the NRPM for 2019, for seven X-ray codes that were reviewed at the April 2018 meeting for CY 2020. (CPT codes 70210, 70220, 70250, 70260, 70360, 72170 and 72190). The RUC requested that the specialties survey these seven services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

Compelling Evidence
The specialty societies presented compelling evidence based on flawed methodology. CPT code 70360 is CMS/Other sourced as identified by the screen. Therefore, how the times and values were established is unknown or flawed. The RUC accepted compelling evidence for this code based on flawed methodology.

70360 ***Radiologic examination; neck, soft tissue***
The RUC reviewed the survey results from 64 radiologists and family physicians and determined that the survey 25th percentile work RVU of 0.20 accurately reflects the physician work necessary for this service. CPT code 70360 is an X-ray procedure used to assess the airway and soft tissues of the neck, with potential evaluation of foreign bodies. A 2-view exam is typical. The RUC recommends 1 minute pre-service time, 3 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 70360 to the top key reference service 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22, 4 minutes intra-service time) and noted that the intra-service time for the survey code is one minute less and the complexity in evaluating structures of the neck (esophagus, trachea, cervical skeleton, epiglottis, sinuses, cervical spine, etc.) on two views is comparable to the evaluation of the thoracic structures (heart, lung, mediastinum, pleura, thoracic spine, etc.) on two views (PA and lateral) if not slightly more intense, justifying the slightly higher value for the survey code. The RUC also compared CPT code 70360 to CPT code 73562 *Radiologic examination, knee; 3 views* (work RVU = 0.18, 4 minutes intra-service time) and noted that the anatomic region of the knee is less complex than the neck, where subtle soft tissue findings may be a clue to underlying pathology such as airway compromise, therefore the survey code involves a slightly greater intensity of physician work, supporting a higher valuation.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For additional support, the RUC compared CPT code 70360 to CPT code 74018 *Radiologic examination, abdomen; 1 view* (work RVU = 0.18, 3 minutes intra-service time, 5 minutes total time) and noted that both studies have identical intra-service and total times, while the survey code has more views and is more intense. The RUC concluded that CPT code 70360 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.20 for CPT code 70360.**

Practice Expense

These services were reviewed and approved by the PE Subcommittee in October 2018. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
70360	Radiologic examination; neck, soft tissue	XXX	0.20

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:70360 Tracking Number

Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
RUC Recommended RVU: **0.20**

Global Period: XXX Current Work RVU: **0.17**

CPT Descriptor: Radiologic examination; neck, soft tissue

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old woman who swallowed a foreign object presents with globus sensation.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the findings to previous studies, if applicable. Interpretation includes evaluation of all soft tissues of the neck including the prevertebral soft tissues and epiglottis. Assess patency of pharynx, larynx and trachea. Evaluate the integrity of the bones. Evaluate for foreign bodies. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Lauren Golding, MD; Gregory Nicola, MD; Melissa Chen, MD; Megan Adamson, MD		
Specialty(s):	American College of Radiology, American Society of Neuroradiology, American Academy of Family Physicians		
CPT Code:	70360		
Sample Size:	3565	**Resp N:** 64	**Response:** 1.7 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 1,815 members. The AAFP surveyed a random sample of 1,000 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**30.00**	50.00	720.00
Survey RVW:	0.16	0.20	**0.22**	0.25	0.70
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	70360	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74019	XXX	0.23	**RUC Time**

CPT Descriptor Radiologic examination, abdomen; 2 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,813

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 42.1 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 9.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 70360	**Top Key Reference CPT Code:** 71046	**2nd Key Reference CPT Code:** **74019**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	4%	15%	67%	15%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	37%	48%	15%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	70%	22%

Physical effort required	7%	89%	4%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	48%	30%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	67%	33%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	17%	67%	17%
Physical effort required	0%	83%	17%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	83%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The CPT code for soft tissue X-ray of the neck, 70360 *(Radiologic examination; neck, soft tissue),* was identified by the CMS/Other Source – Utilization over 30,000 screen, and this code was initially addressed at the April 2018 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 1,815 members. The American Academy of Family Physicians surveyed a random sample of 1,000 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 70360 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The expert panel recommends a work RVU of 0.20 for CPT code 70360, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend 1 minute of pre-service time, 3 minutes of intra service time, and 1 minute of post service time for CPT code 70360.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **71046** *(Radiologic examination, chest; 2 views),* chosen by 42% of respondents,
- **74019** *(Radiologic examination, abdomen; 2 views),* chosen by 9% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views),* chosen by 9% respondents.

A plurality of respondents (42%) chose code 71046 *(radiological examination, chest; 2 views)* as a reference code with similar intra-service time. The complexity in evaluating the thoracic structures (heart, lung, mediastinum, pleura, thoracic spine, etc.) on 2 views (PA and lateral) is comparable to evaluation of the structures of the neck (esophagus, trachea, cervical skeleton, epiglottis, sinuses, cervical spine, etc.) on 2 views.

Similarly, the evaluation of an abdominal x-ray, 2 views (CPT code 74019) is comparable to the evaluation of a neck x-ray with similar intra-service times.

CPT code 73562 has similar intra-service time. However, the anatomic region of the knee is slightly less complex than the neck, where subtle soft tissue findings may be a clue to underlying pathology such as airway compromise. Therefore, CPT code 73562 has a lower IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338
70360	**Radiologic examination; neck, soft tissue**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**
71046	Radiologic examination, chest; 2 views	0.22	1	4	1	6	0.0438
74019	Radiologic examination, abdomen; 2 views	0.23	1	4	1	6	0.0463

MPC Code

The recommended times and value for CPT code 70360 compare well with MPC code 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view).*

CPT code 72081 is a one-view exam encompassing a broader area spanning the skull base to the sacrum, and therefore has a longer intra-service time. The evaluation for foreign object or airway narrowing in CPT code 70360 is more intense and complex than evaluation of curvature of the spine on a single view. Therefore, 72081 has a lower IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70360	**Radiologic examination; neck, soft tissue**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendation

Our expert panel recommends 0.20 RVU with service period times of 1, 3, and 1 minutes for CPT code 70360.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 70360 may be reported with 70100 (Radiologic examination, mandible; partial, less than 4 views), 72040 (Radiologic examination, spine, cervical; 2 or 3 views), 74230 (Swallowing function, with cineradiography/videoradiography), 74240 (Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB). It is also reported with an E/M code 74% of the time.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 70360

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Family Medicine How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 211300
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The number of services described by CPT code 70360 provided nationally in a one-year period is estimated to be 211,300.

Specialty Diagnostic Radiology Frequency 143800 Percentage 68.05 %

Specialty Family Medicine Frequency 11600 Percentage 5.48 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 70,430
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CPT code 70360 is estimated to be provided 70,430 times to Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 47940 Percentage 68.06 %

Specialty Family Medicine Frequency 3865 Percentage 5.48 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 70360

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Exam Neck

TAB: 26

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	71046	Radiologic examination, chest; 2 views	27	0.0438			0.22			6	1					4			1					
2nd REF	74019	Radiologic examination, abdomen; 2 views	6	0.0463			0.23			6	1					4			1					
3rd REF	73562	Radiologic examination, knee; 3 views	6	0.0338			0.18			6	1					4			1					
CMS/Other	70360	Radiologic examination; neck, soft tissue		#DIV/0!			0.17			5														
SVY	70360	Radiologic examination; neck, soft tissue	64	0.0509	0.16	0.20	0.22	0.25	0.70	6	2			1	2	3	5	15	1	0	12	30	50	720
SVY - ACR	70360	Radiologic examination; neck, soft tissue	30	0.0509	0.17	0.21	0.22	0.25	0.52	6	1			1	2	3	4	15	2	4	20	30	50	100
SVY - Subset	70360	Radiologic examination; neck, soft tissue	18	0.0435	0.17	0.20	0.22	0.23	0.52	7	2			1	2	3	3	5	2	4	20	28	44	100
SVY - Random	70360	Radiologic examination; neck, soft tissue	12	0.0326	0.20	0.22	0.23	0.25	0.40	8	1			2	3	5	5	15	2	4	20	35	85	100
SVY - ASNR	70360	Radiologic examination; neck, soft tissue	30	0.0509	0.16	0.20	0.22	0.28	0.70	6	2			1	3	3	5	8	1	2	12	28	50	720
SVY - AAFP	70360	Radiologic examination; neck, soft tissue	4	0.0517	0.16	0.18	0.20	0.22	0.22	5	1			1	2	3	4	5	1	0	3	6	9	12
REC	70360	Radiologic examination; neck, soft tissue		0.0517			0.20			5	1					3			1					

CPT Code: 70360
Specialty Society: ACR, ASNR, AAFP

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

70360	Radiologic examination; neck, soft tissue

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR), American Society of Neuroradiology (ASNR), and American Academy of Family Physicians (AAFP) convened a consensus panel to finalize the practice expense data for the X-ray exam of the neck code, 70360.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for code 70360 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No, this code is not typically billed with an E/M service.
   Yes, this code is typically billed with an E/M service in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
70360	DIAGNOSTIC RADIOLOGY	20%	DIAGNOSTIC RADIOLOGY	68%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: We are not requesting any time for obtaining vital signs.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Bring patient into x-ray room and have patient sit/lie on x-ray table or stand, as appropriate. Place first cassette behind patient's neck. Position patient's anatomy for the AP view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette from behind patient and place second cassette as needed. Position patient's anatomy for lateral view. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out behind patient. The above steps are repeated for any additional views to be obtained. All cassettes are then taken to the image reader. Run all cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

- **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
- **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
- **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    The following clinical staff times were increased to the standard/baseline minutes:
    - CA013 – Prepare room, equipment, and supplies (2 mins is standard)
    - CA016 – Prepare, set up and start IV, initial positioning and monitoring of patient (2 mins is standard)
    - CA024 – Clean room/equipment by clinical staff (3 mins is standard)
    - CA030 **–** Technologist QC's images in PACS, checking for all images, reformats, and dose page (2 mins is baseline)
    - CA031 – Review examination with interpreting MD/DO (2 mins is baseline)
    - CA032 – Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue. (1 min is baseline)

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	I	K
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**
2		***For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration***			**70360**	**70360**
3		***RUC Collaboration Website***			Radiologic examination; neck, soft tissue **(Aug 2003)**	Radiologic examination; neck, soft tissue **(Jan. 2019)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 26 - X-Ray Neck Specialty: ACR, ASNR, AAFP**	**Clinical Staff Type Code**	**Clinical Staff Type**		
5		**LOCATION**			**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 10.62**	**$ 8.35**
8		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**18.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**18.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**			**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**				
14		**Start: Following visit when decision for surgery or procedure made**				
29		**End: When patient enters office/facility for surgery/procedure**				
30		**SERVICE PERIOD**				
31		**Start: When patient enters office/facility for surgery/procedure:**				
32		**Pre-Service (of service period)**				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist	**3**	
34	CA010	Obtain vital signs				
35	CA011	Provide education/obtain consent				
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	**1**	**2**
38	CA014	Confirm order, protocol exam				
39	CA015	Setup scope (nonfacility setting only)				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	**1**	**2**
41	CA017	Sedate/apply anesthesia				
48		**Intra-service (of service period)**				
52	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	**6**	**6**
59		**Post-Service (of service period)**				
60	CA022	Monitor patient following procedure/service, multitasking 1:4				
61	CA023	Monitor patient following procedure/service, no multitasking				
62	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	**2**	**3**
63	CA025	Clean scope				
64	CA026	Clean surgical instrument package				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				
67	CA029	Check dressings, catheters, wounds				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	**3**	**2**
69	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist		**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist		**1**
74	CA036	Discharge day management			**n/a**	**n/a**
81		**End: Patient leaves office**				
82		**POST-SERVICE PERIOD**				
83		**Start: Patient leaves office/facility**				
99		**End: with last office visit before end of global period**				
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ 0.55**	**$ -**
102	SB026	gown, patient	0.547	item	**1**	
103						
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ 10.07**	**$ 8.35**
112	ED050	Technologist PACS workstation	5557	PACS	**16**	**18**
113	ED053	Professional PACS Workstation	14829.6153	Other Formula	**3**	**4**
114	EL012	room, basic radiology	157366.593	Highly Technical	**16**	**13**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Exam – Spine – Tab 27

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data. Two X-ray codes of the spine (72020 and 72070) were identified by this screen and the family was expanded to include ten additional X-ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). The Workgroup recommended that the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time. In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommends in lieu of conducting a RUC survey. In the NPRM for 2019, CMS disagreed with the RUC recommended work RVUs for 20 CPT codes included in the X-Ray Spine, X-Ray Sacrum, X-Ray Elbow-Forearm, X-Ray Heel and X-Ray Toe code families. CMS proposed the same work RVU of 0.23 for all 20 services based on a utilization-weighted average. The RUC recommended for CMS to maintain the CY 2018 work RVU for all 20 services on an interim basis and requested that the specialties survey all 20 services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

Compelling Evidence
The specialty societies presented compelling evidence based on flawed methodology. CPT codes 72020, 72072, 72074, and 72080 are CMS/Other sourced.. Therefore, how the times and values were established is unknown or flawed. The RUC accepted compelling evidence based on flawed methodology.

Complexity
The RUC recognizes the need to maintain relativity within families across the X-ray modality. The spine family in particular raises questions about relativity and complexity. The RUC noted that the complexity argument appears to be based not only on the number of views or the complexity of the body area but a *combination* of anatomic site (e.g., cervical, thoracic or lumbar), views and total time. The RUC discussed appendicular and axial structures and agreed that axial X-rays are more complex. Axial X-rays are typically more complex studies than appendicular X-rays due to the increased number of overlapping soft tissue and bony structures and the increasing severity of pathology which can involve the spinal canal and spinal cord, resulting in increased mental effort and judgement, as well as psychological stress. The synthesis of the information in multiple views are needed to be able to recognize anatomic variants, congenital abnormalities and, most importantly, pathology. This is also the reason that the single view X-ray codes in the axial skeleton tend to have a lower complexity, relative to their multiple view counterparts, because the information required and the clinical indications for these exams are extremely specific. For example, a single view

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of a spine level is most typically used to assess positioning of hardware in the spine after surgery. This is contrasted with a cervical spine, 2-3 view radiograph. The 3 views are vital in order to adequately assess the relationships of the articulations including the facet joints, the disc spaces, the alignment of the vertebral bodies, spinous processes, and the craniocervical junction.

The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress. As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

72020 ***Radiologic examination, spine, single view, specify level***
The RUC reviewed the survey results from 79 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.16 accurately reflects the physician work necessary for this service. CPT code 72020 is an X-ray procedure most often used to check for vertebral alignment or for pre- and post-surgical assessment of the cervical spine. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC compared CPT code 72020 to the top key reference service 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16, 4 minutes intra-service time, 6 minutes total time) and noted that the physician work is valued the same despite the differences in number of views and intra-service time. The spine is a more complex anatomic structure than the hand, accounting for the slightly higher intensity. To further justify the recommendation, the RUC noted that there are multiple other CPT codes for X-ray exams with work RVU = 0.16, 3 minutes intra-service time, 5 minutes total time: 73060, 73100, 73551, 73560, 73565, 73590, 73600, and 73620. The RUC concluded that CPT code 72020 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation for the base code in the series maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.16 for CPT code 72020.**

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72040 ***Radiologic examination, spine, cervical; 2 or 3 views***
The RUC reviewed the survey results from 79 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.22 accurately accounts for the physician work to perform this service and reflects the current value. CPT code 72040 is used to evaluate for injury, assess for degenerative changes and causes of neck pain, check alignment after reduction, or may be used for surgical planning. Three views are typical for this exam, which would include an anteroposterior, lateral and open mouth odontoid view to assess the craniocervical articulations. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC compared CPT code 72040 to the top key reference service 73562 *Radiologic examination, knee; 3 views* (work RVU = 0.18, 4 minutes intra-service time, 6 minutes total time) and noted that the anatomic area of the reference service is less complex, which accounts for the differences in intensity and physician work. The appendicular X-rays are typically less complex than the axial X-rays, which include the chest, abdomen and spine regions. The axial X-rays are more complex because of the increased overlapping soft tissue and bony structures which need to be assessed. For additional support, the RUC compared the survey code to MPC code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time, 7 minutes total time) and noted that the comparison code is a one-view exam primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. It has 2 minutes more intra-service time than the survey code which is appropriate for evaluating a larger section of the spine. Dedicated evaluation of the cervical spine is slightly more complex than scoliotic evaluation of the spine which explains the higher intensity for the survey code. The RUC concluded that CPT code 72040 should be valued at the 25th percentile work RVU, which maintains the current value, as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.22 for CPT code 72040.**

72050 ***Radiologic examination, spine, cervical; 4 or 5 views***
The RUC reviewed the survey results from 79 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.27 accurately reflects the physician work necessary for this service. CPT code 72050 is a more comprehensive radiograph to evaluate for injury or assess for degenerative changes and causes for neuropathy. Five views are typical for this code, which would include an anteroposterior, lateral, open mouth odontoid view and bilateral oblique views to assess the neural foramina. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC compared CPT code 72050 to the top key reference service 72083 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views* (work RVU = 0.35, 7 minutes intra-service time, 9 minutes total time) and noted the similar amount of views but higher intra-service time of the reference code due to the large anatomic region evaluated. The survey code has greater intensity due to the increased complexity and intensity of work related to the evaluation of more complex articulations in the cervical spine. For additional support, the RUC compared the survey code to MPC code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes

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intra-service time, 7 minutes total time) and noted similarly that the intensity is greater for the survey code given that the dedicated evaluation of the cervical spine is a more complex anatomic region compared to 72081. The RUC concluded that CPT code 72050 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.27 for CPT code 72050.**

72052 ***Radiologic examination, spine, cervical; 6 or more views***
The RUC reviewed the survey results from 78 radiologists and determined that the survey 25th percentile work RVU of 0.30 accurately reflects the physician work necessary for this service. CPT code 72052 is a more comprehensive radiograph to evaluate for injury or assess for degenerative changes and causes for neuropathy. Seven views would be typical for this code, which includes AP, lateral, open mouth odontoid view, bilateral oblique views of the neural foramina, lateral flexion and extension views. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

The RUC compared CPT code 72052 to the second key reference service 72083 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views* (work RVU = 0.35, 7 minutes intra-service time, 9 minutes total time) and noted that the reference service has more intra-service and total time because of the larger anatomic region assessed. However, evaluation of the cervical spine is more complex than scoliotic assessment, therefore, the survey code involves more intense physician work. For additional support, the RUC compared the survey code to both MPC codes 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time, 7 minutes total time) and 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time, 6 minutes total time) and noted that the comparison codes have identical intra-service times and similar or identical total times compared to the survey code. However, the intensity is higher for 72052 because it assesses a more complex anatomic region. The RUC concluded that CPT code 72052 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.30 for CPT code 72052.**

72070 ***Radiologic examination, spine; thoracic, 2 views***
The RUC reviewed the survey results from 79 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.20 accurately reflects the physician work necessary for this service. CPT Code 72070 is used to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC compared CPT code 72070 to the top key reference service 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22, 4 minutes intra-service time, 6 minutes total time) and noted that the reference service has slightly more intra-service time because of the larger anatomic region assessed. The spine is a more complex anatomic structure, therefore the survey code has higher intensity. For additional support, the RUC compared the survey code to both MPC codes 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and*

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sacral spine if performed (eg, scoliosis evaluation); one view (work RVU of 0.26, 5 minutes intra-service time, 7 minutes total time) and 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU of 0.20, 5 minutes intra-service time, 6 minutes total time) and noted that the comparison codes are single-view exams that have slightly higher intra-service times and total times comparable to the survey code. The complex anatomic region assessed by survey code compared to code 70355 accounts for the higher intensity and similar work valuation despite differences in time. The dedicated views of the thoracic spine is a more complex study than code 72081 which assesses scoliotic curvature on a single view, resulting in higher intensity for the survey code. The RUC concluded that CPT code 72070 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.20 for CPT code 72070.**

72072 ***Radiologic examination, spine; thoracic, 3 views***
The RUC reviewed the survey results from 78 radiologists and determined that the survey 25th percentile work RVU of 0.23 accurately reflects the physician work necessary for this service. CPT code 72072 is used to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC compared CPT code 72072 to both MPC codes 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time, 7 minutes total time) and 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time, 6 minutes total time) and agreed that these codes appropriately bracket the survey code. However, the survey code is more intense than both comparison codes because it assesses a more complex anatomic region than 70355, and it evaluates for potentially more complex pathology when compared to 72081. In addition, CPT code 72072 is typically performed in the ER and inpatient setting more frequently than 72081, and therefore, has a more complex patient population. The RUC concluded that CPT code 72072 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.23 for CPT code 72072.**

72074 ***Radiologic examination, spine; thoracic, minimum of 4 views***
The RUC reviewed the survey results from 78 radiologists and determined that the survey 25th percentile work RVU of 0.25 accurately reflects the physician work necessary for this service. CPT code 72074 is used to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain. The typical number of views for this is 4 views; anteroposterior, lateral, flexion and extension views. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC compared CPT code 72074 to the second highest key reference service 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time, 7 minutes total time) and noted that the reference code has slightly more intra-service and total time. However, evaluation of the hips is less complex than evaluation of the spine because of the potential consequences of missing subtle spine injury or stenosis that may lead to spinal cord injury, thus the intensity of the survey code is slightly higher. For additional

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support, the RUC compared the survey code to MPC code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time, 7 minutes total time) and noted that the physician work values are similar with one minute more intra-service and total time for the comparison code. However, the survey code is more complex with concern for potential injury or stenosis and is more commonly performed in the ER and inpatient, with more complex patients, and therefore, has a higher intensity than the comparison code. The RUC concluded that CPT code 72074 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.25 for CPT code 72074.**

72080 ***Radiologic examination, spine; thoracolumbar junction, minimum of 2 views***
The RUC reviewed the survey results from 79 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.21 accurately reflects the physician work necessary for this service. CPT code 72080 is used to evaluate spinal hardware, evaluate for spine injury, assess for degenerative changes and causes for neuropathy. Two views would be typical for this exam, which would include an anteroposterior and lateral view. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC compared CPT code 72080 to the top key reference service 71046 *Radiologic examination, chest; 2 views* (work RVU = 0.22, 4 minutes intra-service time, 6 minutes total time) and noted the similar times and physician work valuation while the survey code assesses a more complex anatomic region and therefore, has a slightly higher intensity than the reference service. For further support, the RUC compared the CPT code 72080 to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU = 0.22, 4 minutes intra-service time, 6 minutes total time) and noted that both services are 2 views and cover the similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region. The services have similar times and amount of physician work and should therefore be valued similarly. The RUC concluded that CPT code 72080 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.21 for CPT code 72080.**

72100 ***Radiologic examination, spine, lumbosacral; 2 or 3 views***
The RUC reviewed the survey results from 80 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.22 accurately accounts for the physician work to perform this service and reflects the current value. CPT code 72100 is used to evaluate for spine injury, assess for degenerative changes and causes for neuropathy and back pain. Three views are typical for this exam, which would include an anteroposterior, lateral and coned view of the lumbosacral junction. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

The RUC compared CPT code 72100 to the second highest key reference service 73562 *Radiologic examination, knee; 3 views* (work RVU = 0.18, 4 minutes intra-service time, 6 minutes total time) and noted the similar intra-service and total times, that the anatomic area of the reference service is less complex, which accounts for the differences in intensity and physician work. The appendicular x-rays are typically less complex

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than the axial x-rays, which include the chest, abdomen and spine regions. The axial x-rays are more complex because of the increased overlapping soft tissue and bony structures which need to be assessed. For additional support, the RUC compared the survey code to MPC code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU of 0.26, 5 minutes intra-service time, 7 minutes total time) and noted that the acuity of the patient for the survey code is more complex. The comparison code has slightly more intra-service and total times, along with a higher work value, compared to the survey code. However, the work associated with 72100 is more complex and performed more frequently in the ER and inpatient setting than the comparison code, resulting in a higher intensity. The RUC concluded that CPT code 72040 should be valued at the 25th percentile work RVU, which maintains the current value, as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.22 for CPT code 72100.**

72110 ***Radiologic examination, spine, lumbosacral; minimum of 4 views***
The RUC reviewed the survey results from 80 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.26 accurately accounts for the physician work to perform this service. CPT code 72110 is used to evaluate for spine injury, assess for degenerative changes and causes for neuropathy. Five views are typical for this exam which would include anteroposterior, lateral, coned-in view of the lumbosacral junction, and oblique views to evaluate the bilateral foramina. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 4 minutes and post-service time of 1 minute.

The RUC compared CPT code 72110 to the second highest key reference service 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time, 7 minutes total time) and noted that the reference code has slightly more intra-service and total time. However, the intensity of the survey code is slightly higher because hip assessment is less complex than the spine due to the potential consequences of missing subtle spine injury or stenosis that may lead to spinal cord injury. For additional support, the RUC compared the survey code to MPC code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU of 0.26, 5 minutes intra-service time, 7 minutes total time) and noted that the physician work values are identical with one minute less intra-service and total time for the survey code. However, the survey code is more complex and performed more frequently in the ER and inpatient setting than the comparison code, yielding a higher intensity. The RUC concluded that CPT code 72110 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.26 for CPT code 72110.**

72114 ***Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views***
The RUC reviewed the survey results from 80 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.30 accurately accounts for the physician work to perform this service. CPT code 72114 is used to evaluate for spine injury, evaluate spine alignment and instability, assess for degenerative changes and causes for neuropathy. Seven views are typical for this exam, which would include, anteroposterior, lateral, coned-in view of the lumbosacral junction, oblique views to assess the neural foramina, bending and extension views. The

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RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 5 minutes and post-service time of 1 minute.

The RUC compared CPT code 72114 to the both key reference services 72083 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views* (work RVU = 0.35, 7 minutes intra-service time, 9 minutes total time) and 72084 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views* (work RVU = 0.41, 8 minutes intra-service time, 10 minutes total time) and noted that the reference services have higher intra-service times because of the larger anatomic regions covered. However, the complexity of assessing dedicated views of the lumbosacral spine, represented by the survey code, is higher compared to either of the reference codes. CPT code 72114 shows more detailed views of the spinal canal, neural foramina and dynamic stability, whereas 72083 and 72084 capture a larger view to assess the alignment of the spine and potential congenital anomalies contributing to curvature of the spine.

For additional support, the RUC compared the survey code to both MPC codes 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time, 7 minutes total time) and 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU of 0.20, 5 minutes intra-service time, 6 minutes total time) and noted that the comparison codes have the same intra-service time as the survey code, with similar or identical total times, but all have varying physician work valuations. MPC code 70355 covers a less complex anatomic region, which accounts for the lower amount of physician work and intensity. MPC code 72081 is a one view exam of the entire spine used to assess for scoliosis, requiring less intense work compared to the survey code, which has a minimum of 6 views. The RUC also noted an appropriate comparison between the survey code and CPT code 72082 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views* (work RVU = 0.31, 6 minutes intra-service time, 8 minutes total time) with similar intra-service and total times and physician work. Both exams are multi-view examinations of complex anatomic regions. CPT code 72082 typically involves anteroposterior and lateral views of the thoracic and lumbar spine obtained on four images. Two images are stitched together to form the anteroposterior view and the other two stitched together to form the lateral view. CPT code 72114 typically consists of anteroposterior, lateral, bilateral oblique and bending views of the lumbosacral spine. The RUC concluded that CPT code 72114 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.30 for CPT code 72114.**

72120 ***Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views***
The RUC reviewed the survey results from 80 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.22 accurately accounts for the physician work to perform this service and reflects the current value. CPT code 72120 is used to evaluate the dynamic spine alignment and instability. Three views are typical for this code, which includes a view in flexion, neutral and extension position. The RUC agreed on the following physician time components: pre-service time of 1 minute, intra-service time of 3 minutes and post-service time of 1 minute.

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The RUC compared CPT code 72120 to the second highest key reference service 74019 *Radiologic examination, abdomen; 2 views* (work RVU = 0.23, 4 minutes intra-service time, 6 minutes total time) and noted the similar times and amount of physician work, but the anatomic region of the reference code is less complex, therefore the survey code yields a higher intensity. For additional support, the RUC compared the survey code to MPC code 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU of 0.26, 5 minutes intra-service time, 7 minutes total time) and noted that the comparison code has a slightly higher intra-service time and amount of physician work because it covers a larger anatomic region. However, 72081 is a single view exam used to assess spine alignment, and is less complex than dedicated views assessing the stability of the lumbosacral spine, resulting in lower intensity compared to the survey code. The RUC also compared CPT code 72120 to CPT code 71100 *Radiologic examination, ribs, unilateral; 2 views* (work RVU = 0.22, 4 minutes intra-service time, 6 minutes total time) and noted that both services should be valued similarly as both services have similar intra-service and total times, while studies of the spine are typically more intense to perform. In addition, both exams have similar numbers of views and cover similar anatomic regions, with one focused on the thoracic region and the other the lower thoracic and upper lumbar region. The RUC concluded that CPT code 72120 should be valued at the 25th percentile work RVU, which maintains the current value, as supported by the survey. This recommendation maintains rank order and relativity within the X-ray spine family. **The RUC recommends a work RVU of 0.22 for CPT code 72120.**

Practice Expense

These services were reviewed and approved by the PE Subcommittee in April 2017. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
72020	Radiologic examination, spine, single view, specify level	XXX	0.16
72040 **(f)**	Radiologic examination, spine, cervical; 2 or 3 views	XXX	0.22 (No Change)
72050 **(f)**	Radiologic examination, spine, cervical; 4 or 5 views	XXX	0.27

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72052 **(f)**	Radiologic examination, spine, cervical; 6 or more views	XXX	0.30
72070	Radiologic examination, spine; thoracic, 2 views	XXX	0.20
72072 **(f)**	Radiologic examination, spine; thoracic, 3 views	XXX	0.23
72074 **(f)**	Radiologic examination, spine; thoracic, minimum of 4 views	XXX	0.25
72080 **(f)**	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	XXX	0.21
72100 **(f)**	Radiologic examination, spine, lumbosacral; 2 or 3 views	XXX	0.22 (No Change)
72110 **(f)**	Radiologic examination, spine, lumbosacral; minimum of 4 views	XXX	0.26
72114 **(f)**	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	XXX	0.30
72120 **(f)**	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	XXX	0.22 (No Change)

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Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72020 Tracking Number Original Specialty Recommended RVU: **0.16**
Presented Recommended RVU: **0.16**
Global Period: XXX Current Work RVU: **0.15** RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination, spine, single view, specify level

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient is status post spinal fixation surgery. An immediate post-operative radiograph of the spine is ordered to evaluate the hardware and establish a baseline for comparison.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72020		
Sample Size:	8170	**Resp N:** 79	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	3.00	23.00	**50.00**	100.00	1000.00
Survey RVW:	0.12	0.16	**0.18**	0.23	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	3.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72020	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73120	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, hand; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72081	XXX	0.26	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.35	**RUC Time**	36,559

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 2 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 22.7 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 20.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 72020	**Top Key Reference CPT Code:** 73120	**2nd Key Reference CPT Code:** **72081**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	61%	33%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	56%	28%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	72%	17%

Physical effort required	0%	94%	6%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	44%	56%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	19%	50%	31%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	44%	31%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	31%	44%	25%
Physical effort required	25%	50%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	19%	50%	31%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 72020 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.16 for CPT code 72020, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is a total recommended time of 5 minutes for CPT code 72020.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73120** *(Radiologic examination, hand; 2 views)*, chosen by 23% of respondents, and
- **72081** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view)*, chosen by 20% of respondents.

CPT code 72020 *(Radiologic examination, spine, single view, specify level)* is an X-ray procedure most often used to check for vertebral alignment or for pre- and post-surgical assessment of the cervical spine.

Our recommended work RVU of 0.16 compares favorably to the most commonly chosen key references services. The work is similar to 73120 despite the number of views being slightly different. The spine is a more complex anatomic structure than the hand, accounting for the slightly higher IWPUT. A larger anatomic region is typically assessed in 72081, which accounts for the increase in time with an IWPUT in similar range.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	**Radiologic examination, spine, single view, specify level**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.0288
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

CPT code 72081, which is the second KRS, is also a one-view exam. It is primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 2 more minutes of intra-service time than CPT code 72020, which is appropriate for evaluating a larger section of the spine. CPT code 70355 code is a one-view examination that evaluates both the mandible and the maxilla, and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra time, similar total time, and a slightly higher work RVU.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72020	**Radiologic examination, spine, single view, specify level**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.16, with service period times of 1, 3, and 1 minutes for CPT code 72020. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	**Radiologic examination, spine, single view, specify level**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**	**1**
72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72020

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopedic Surgery How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 476811
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72020 provided nationally in a one-year period is estimated to be 476,811.

Specialty Orthopedic Surgery Frequency 38607 Percentage 8.09 %

Specialty Diagnostic Radiology Frequency 374529 Percentage 78.54 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 158,937 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72020 is billed approximately158,937 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery Frequency 12869 Percentage 8.09 %

Specialty Diagnostic Radiology Frequency 124843 Percentage 78.54 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72020

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72040 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine, cervical; 2 or 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with cervical pain and no history of trauma. Rule out arthritis.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72040		
Sample Size:	8170	**Resp N:** 79	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	20.00	50.00	**100.00**	300.00	2000.00
Survey RVW:	0.16	0.22	**0.24**	0.30	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	4.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72040	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 18.9 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 72040	**Top Key Reference CPT Code:** 73562	**2nd Key Reference CPT Code:** **72082**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	53%	47%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	87%	13%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	67%	33%

Physical effort required	0%	100%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	47%	53%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	29%	71%	0%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	71%	0%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	21%	79%	0%
Physical effort required	21%	79%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	93%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization

>100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend maintaining the current work RVU of 0.22 for CPT code 72040, which is also the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is a total recommended time of 5 minutes for CPT code 72040.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73562** *(Radiologic examination, knee; 3 views)*, chosen by 19% of respondents, and
- **72082** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views)*, chosen by 18% of respondents.

CPT code 72040 *(Radiologic examination, spine, cervical; 2 or 3 views)* is an invaluable tool to evaluate for injury, assess for degenerative changes and causes of neck pain, check alignment after reduction, or may be used for surgical planning. Three views is typical for this exam, which would include an AP, lateral and open mouth odontoid view to assess the craniocervical articulations.

Our recommended work RVU of 0.22 compares favorably to the most commonly chosen key references services. The intra-service time for the first KRS code, 73562, is similar to CPT code 72040, however the anatomic area is less complex, which accounts for the differences in IWPUT. The appendicular x-rays are typically less complex than the axial x-rays, which include the chest, abdomen and spine regions. The axial x-rays are more complex because of the increased overlapping soft tissue and bony structures which need to be assessed. The second KRS code, 72082, covers a larger anatomic region and is therefore associated with a higher intra-service time. The work of evaluating the cervical spine (72040), a dedicated region of the spine is more complex and intense because there is better delineation of the anatomy with the smaller field of view than scoliotic evaluation of the entire spine, which is assessing the alignment of the spine. CPT code 72082 and has an appropriately higher IWPUT.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338
72040	**Radiologic examination, spine, cervical; 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31	1	6	1	8	0.0442

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

CPT code 72081 is a one-view exam primarily used to assess spinal curvature and vertebral alignment in outpatients with scoliosis. The MPC code has 2 more minutes of intra-service time than CPT code 72040, which is appropriate for evaluating a larger section of the spine. Dedicated evaluation of the cervical spine is slightly more complex than scoliotic evaluation of the spine, which explains the difference in IWPUT. CPT code 70355 code is a one-view examination that evaluates both the mandible and the maxilla, and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. The anatomic region is less complex than the spine and, therefore, has a lower IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72040	**Radiologic examination, spine, cervical; 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.22, which is also the current value, with service period times of 1, 3, and 1 minutes for CPT code 72040. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of

								Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1
72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	**Radiologic examination, spine, cervical; 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**	**3**
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 72040 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72040

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopedic Surgery How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1926021
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72040 provided nationally in a one-year period is estimated to be 1,926,021.

Specialty Orthopedic Surgery Frequency 358196 Percentage 18.59 %

Specialty Diagnostic Radiology Frequency 1092688 Percentage 56.73 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 642,007 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72040 is billed approximately 642,007 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery Frequency 119399 Percentage 18.59 %

Specialty Diagnostic Radiology Frequency 364229 Percentage 56.73 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72040

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72050 Tracking Number Original Specialty Recommended RVU: **0.27**
Presented Recommended RVU: **0.27**
Global Period: XXX Current Work RVU: **0.31** RUC Recommended RVU: **0.27**

CPT Descriptor: Radiologic examination, spine, cervical; 4 or 5 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72050		
Sample Size:	8170	**Resp N:** 79	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	200.00	2000.00
Survey RVW:	0.20	0.27	**0.31**	0.35	1.10
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	3.00	**4.00**	5.00	17.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72050	**Recommended Physician Work RVU: 0.27**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72083	XXX	0.35	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 24.0 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 16.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 72050	**Top Key Reference CPT Code:** 72083	**2nd Key Reference CPT Code:** **72082**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	7.00	6.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**9.00**	**8.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	11%	84%	5%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	84%	5%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	5%	89%	5%

Physical effort required	16%	79%	5%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	74%	21%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	15%	54%	31%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	54%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	15%	38%	46%
Physical effort required	15%	62%	23%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	38%	46%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine

(72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend a work RVU of 0.27 for CPT code 72050, which is the 25th percentile survey value. This is a reduction in value from the current 0.31 work RVU.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service. This is a total recommended time of 6 minutes for CPT code 72050.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72083** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views),* chosen by 24% of respondents, and
- **72082** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views),* chosen by 16% of respondents.

CPT code 72050 *(Radiologic examination, spine, cervical; 4 or 5 views)* is a more comprehensive radiograph to evaluate for injury or assess for degenerative changes and causes for neuropathy. Five views are typical for this code, which would include an AP, lateral, open mouth odontoid view and bilateral oblique views to assess the neural foramina.

Our recommended work RVU of 0.27 compares favorably to the most commonly chosen key reference services. CPT codes 72082 and 72083 have a higher intra-service time because of the large anatomic region evaluated. The IWPUT is higher for 72050 because of the increased complexity and intensity of work related to the evaluation of more complex articulations in the cervical spine.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72050	**Radiologic examination, spine, cervical; 4 or 5 views**	**0.27**	**1**	**4**	**1**	**6**	**0.0563**
72082	Radiologic examination, spine, entire thoracic and lumbar,	0.31	1	6	1	8	0.0442

	including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views						
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35	1	7	1	9	0.0436

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

Although the intra-service time for CPT code 72050 is similar to the intra-service times of the two MPC codes, the IWPUT is higher for 72050 given that the dedicated evaluation of the cervical spine is a more complex anatomic region compared to both 70355 and 72081.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430
72050	**Radiologic examination, spine, cervical; 4 or 5 views**	**0.27**	**1**	**4**	**1**	**6**	**0.0563**

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.27—a reduction from 0.31 RVU—with service period times of 1, 4, and 1 minutes for CPT code 72050. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1

72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	**Radiologic examination, spine, cervical; 4 or 5 views**	**0.27**	**1**	**4**	**1**	**6**	**0.0563**	**5**
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72050

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1181307
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72050 provided nationally in a one-year period is estimated to be 1,181,307

Specialty Diagnostic Radiology Frequency 824889 Percentage 69.82 %

Specialty Orthopedic Surgery Frequency 134730 Percentage 11.40 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 393,769 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72050 is billed approximately 393,769 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 274963 Percentage 69.82 %

Specialty Orthopedic Surgery Frequency 44910 Percentage 11.40 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72050

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72052 Tracking Number Original Specialty Recommended RVU: **0.36**
Presented Recommended RVU: **0.30**
Global Period: XXX Current Work RVU: **0.36** RUC Recommended RVU: **0.30**

CPT Descriptor: Radiologic examination, spine, cervical; 6 or more views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with trauma to the cervical spine from an auto accident. There is clinical concern for instability.

Percentage of Survey Respondents who found Vignette to be Typical: 79%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Gregory N. Nicola, MD; Melissa Chen, MD;		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	72052		
Sample Size:	7420	**Resp N:** 78	**Response:** 1.0 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	25.00	**50.00**	100.00	2500.00
Survey RVW:	0.22	0.30	**0.37**	0.41	1.10
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	4.00	**5.00**	6.00	20.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72052	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72084	XXX	0.41	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72083	XXX	0.35	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 34.6 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 14.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 72052	Top Key Reference CPT Code: 72084	2nd Key Reference CPT Code: **72083**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	8.00	7.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**10.00**	**9.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	15%	56%	30%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	59%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	74%	15%

Physical effort required	15%	74%	11%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	59%	33%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	9%	45%	45%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	55%	36%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	9%	64%	27%
Physical effort required	9%	64%	27%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	45%	55%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine

(72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members.

Work RVU Recommendation

The specialties recommend the survey 25th percentile work RVU of 0.30 for CPT code 72052. This will maintain appropriate rank order within the X-ray spine family.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service. This is a total recommended time of 7 minutes for CPT code 72052.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72084** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views)*, chosen by 35% of respondents, and
- **72083** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views)*, chosen by 14% of respondents.

CPT code 72052 *(Radiologic examination, spine, cervical; 6 or more views)* is a more comprehensive radiograph to evaluate for injury or assess for degenerative changes and causes for neuropathy. Seven views would be typical for this code, which includes AP, lateral, open mouth odontoid view, bilateral oblique views of the neural foramina, lateral flexion and extension views.

Our recommendation of work RVU of 0.30 compares favorably to the most commonly chosen key reference codes. CPT code 72083 has more slightly more intra-service time because of the larger anatomic region assessed. However, evaluation of the cervical spine is more complex than scoliotic assessment and, therefore, CPT code 72052 a higher IWPUT. CPT code 72084 covers a larger anatomic region and subsequently has a higher intra-service time. CPT code 72052 includes detailed assessment of the craniocervical junction, facet and uncovertebral joints in addition to dynamic alignment changes and as such and therefore has a higher IWPUT.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72052	**Radiologic examination, spine, cervical; 6 or more views**	**0.30**	**1**	**5**	**1**	**7**	**0.0510**
72083	Radiologic examination, spine, entire thoracic and lumbar,	0.35	1	7	1	9	0.0436

	including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views						
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	0.41	1	8	1	10	0.0456

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

The chosen MPC codes have identical intra-service times and similar total times compared to CPT code 72052. However, the IWPUT is higher for CPT code 72052 because it assesses a more complex anatomic region.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430
72052	**Radiologic examination, spine, cervical; 6 or more views**	**0.30**	**1**	**5**	**1**	**7**	**0.0510**

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.30, with service period times of 1, 5, and 1 minutes for CPT code 72052. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1

72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	**Radiologic examination, spine, cervical; 6 or more views**	**0.30**	**1**	**5**	**1**	**7**	**0.0510**	**7**
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72052

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 273420
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72052 provided nationally in a one-year period is estimated to be 273,420.

Specialty Diagnostic Radiology Frequency 201175 Percentage 73.57 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 91,140
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72052 is billed approximately 91,140 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 67058 Percentage 73.57 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72052

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72070 Tracking Number

Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.20**
RUC Recommended RVU: **0.20**

Global Period: XXX Current Work RVU: **0.22**

CPT Descriptor: Radiologic examination, spine; thoracic, 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with back pain and no recent history of trauma. Frontal and lateral views of the thoracic spine are obtained to evaluate for degenerative osteoarthritis.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72070		
Sample Size:	8170	**Resp N:** 79	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	50.00	**100.00**	200.00	1000.00
Survey RVW:	0.16	0.20	**0.23**	0.30	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	4.00	10.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72070	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 34.1 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 18.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 72070	Top Key Reference CPT Code: 71046	2nd Key Reference CPT Code: **72082**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	6.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**8.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	22%	59%	15%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	74%	11%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	78%	11%

Physical effort required	0%	96%	4%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	30%	56%	15%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	80%	0%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	87%	0%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	20%	80%	0%
Physical effort required	20%	80%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	80%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend the survey 25th percentile work RVU of 0.20 for CPT code 72070. This will maintain appropriate rank order within the X-ray spine family.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is a total recommended time of 5 minutes for CPT code 72070.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **71046** *(Radiologic examination, chest; 2 views)*, chosen by 34% of respondents, and
- **72082** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views)*, chosen by 19% of respondents.

CPT Code 72070 *(Radiologic examination, spine; thoracic, 2 views)* is an invaluable tool to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain.

The work RVU of 0.20 compares favorably to the most commonly chosen key reference service, CPT code 71046. 71046 has slightly more intra-service time because of the larger anatomic region assessed. The spine is a more complex anatomic structure; and therefore CPT code 72070 has a slightly higher IWPUT. 72082 has more intra-service time, which is related to the larger anatomic region assessed. Dedicated evaluation of the thoracic spine is slightly more complex than scoliotic assessment of the spine, and therefore, CPT code 72070 has a slightly higher IWPUT.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72070	**Radiologic examination, spine;**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**

	thoracic, 2 views						
71046	Radiologic examination, chest; 2 views	0.22	1	4	1	6	0.0438
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31	1	6	1	8	0.0442

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

Both MPC codes, 72081 and 70355, are single-view exams that have slightly higher intra-service times and total times compared to CPT code 72070. However, the complex anatomic region assessed by CPT code 72070 compared to 70355 accounts for the higher IWPUT. The dedicated views of the thoracic spine in 72070 is a more complex study than 72081 which assesses scoliotic curvature on a single view.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72070	**Radiologic examination, spine; thoracic, 2 views**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend a work RVU of 0.20, with service period times of 1, 3, and 1 minutes for CPT code 72070. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of

								Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1
72070	**Radiologic examination, spine; thoracic, 2 views**	**0.20**	**1**	**3**	**1**	**5**	**0.0517**	**2**
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 72070 is typically reported with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72070

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopedic Surgery How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 927471
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72070 provided nationally in a one-year period is estimated to be 927,471.

Specialty Orthopedic Surgery Frequency 100514 Percentage 10.83 %

Specialty Diagnostic Radiology Frequency 591396 Percentage 63.76 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 309,157 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72070 is billed approximately 309,157 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery Frequency 33505 Percentage 10.83 %

Specialty Diagnostic Radiology Frequency 197132 Percentage 63.76 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72070

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72072 Tracking Number

Original Specialty Recommended RVU: **0.23**
Presented Recommended RVU: **0.23**
RUC Recommended RVU: **0.23**

Global Period: XXX Current Work RVU: **0.22**

CPT Descriptor: Radiologic examination, spine; thoracic, 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with worsening mid and upper back pain after a recent fall. Three views of the thoracic spine, including the cervicothoracic junction are requested to evaluate for a compression .

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient’s medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Gregory N. Nicola, MD; Melissa Chen, MD;		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	72072		
Sample Size:	7420	**Resp N:** 78	**Response:** 1.0 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	43.00	**100.00**	200.00	1000.00
Survey RVW:	0.16	0.23	**0.25**	0.31	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	3.00	**3.00**	4.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72072	**Recommended Physician Work RVU: 0.23**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 **% of respondents:** 17.9 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 12.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 72072	**Top Key Reference CPT Code:** 72082	**2nd Key Reference CPT Code:** **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	6.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**8.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	29%	57%	14%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	71%	7%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	93%	0%

Physical effort required	14%	86%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	64%	21%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	40%	60%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	70%	30%
Physical effort required	0%	80%	20%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine

(72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 72072 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.23 for CPT code 72072, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is a total recommended time of 5 minutes for CPT code 72072.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72082** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views),* chosen by 18% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views),* chosen by 13% of respondents.

CPT code 72072 *(Radiologic examination, spine; thoracic, 3 views)* is an invaluable tool to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain.

The first KRS, 72082, has a higher intra-service time because of the larger anatomic region being assessed. However, the scoliotic assessment is slightly less complex than dedicated evaluation of the thoracic spine in which trauma or other bony pathology may be suspected. Therefore, CPT code 72082 has slightly lower IWPUT. In addition, CPT code 72072 is more commonly performed in the ER and inpatient setting than 72082, resulting in a more complex patient population. CPT codes 73562 and 72072 have similar intra-service and total times. However, the IWPUT for 73562 is slightly lower because the knee is a less complex anatomic region than the spine. The appendicular x-rays are typically less complex than the axial x-rays, which include the chest, abdomen and spine regions. The axial x-rays are more complex because of the increased overlapping soft tissue and bony structures which need to be assessed.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.338
72072	**Radiologic examination, spine; thoracic, 3 views**	**0.23**	**1**	**3**	**1**	**5**	**0.0617**
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31	1	6	1	8	0.0442

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

MPC code 70355 has a slightly higher intra-service time than CPT code 72072. However, CPT code 72072 assesses a more complex anatomic region than CPT code 70355, yielding a higher IWPUT. MPC code has more intra-service and total time, and a higher work RVU than CPT code 72072. However, CPT code 72072 has a higher IWPUT than 72081 because it evaluates for potentially complex pathology. In addition, CPT code 72072 is typically performed in the ER and inpatient setting more frequently than 72081, and therefore, has a more complex patient population.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72072	**Radiologic examination, spine; thoracic, 3 views**	**0.23**	**1**	**3**	**1**	**5**	**0.0617**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.23, with service period times of 1, 3, and 1 minutes for CPT code 72072. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1

72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	**Radiologic examination, spine; thoracic, 3 views**	**0.23**	**1**	**3**	**1**	**5**	**0.0617**	**3**
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72072

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 592617
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72072 provided nationally in a one-year period is estimated to be 592,617.

Specialty Diagnostic Radiology Frequency 535309 Percentage 90.32 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 197,539 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72072 is billed approximately 197,539 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 178436 Percentage 90.32 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72072

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72074 Tracking Number Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.25**

CPT Descriptor: Radiologic examination, spine; thoracic, minimum of 4 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with a history of posterior spinal fixation presents with worsening pain. There is clinical concern for instability near the hardware. Thoracic spine radiographs with flexion and extension views are requested.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Gregory N. Nicola, MD; Melissa Chen, MD;		
Specialty(s):	American College of Radiology, American Society of Neuroradiology		
CPT Code:	72074		
Sample Size:	7420	**Resp N:** 78	**Response:** 1.0 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**30.00**	95.00	500.00
Survey RVW:	0.20	0.25	**0.30**	0.35	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	3.00	**4.00**	5.00	17.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72074	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72083	XXX	0.35	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 20.5 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 72074	Top Key Reference CPT Code: 72083	2nd Key Reference CPT Code: **73522**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	7.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**9.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	69%	6%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	69%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	94%	0%

Physical effort required	13%	88%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	75%	13%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	83%	17%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	67%	25%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	83%	8%
Physical effort required	0%	100%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	75%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 72074 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.25 for CPT code 72074, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service. This is a total recommended time of 6 minutes for CPT code 72074.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72083** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views)*, chosen by 21% of respondents, and
- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views)*, chosen by 15% of respondents.

CPT code 72074 *(Radiologic examination, spine; thoracic, minimum of 4 views)* is an invaluable tool to evaluate for injury or assess for degenerative changes and causes for neuropathy or back pain. The typical number of views for this is 4 views AP, lateral, flexion and extension views.

The first KRS, 72083, has more intra-service time because of the larger anatomic region assessed. However, CPT code 72074 is more frequently performed in the inpatient/ER setting than CPT code 72083, yielding a more complex patient population, and accounting for the higher IWPUT. The second KRS, 73522, has similar intra-service and total times. However, evaluation of the hips is slightly less complex than evaluation of the spine because of the potential consequences of missing subtle spine injury or stenosis that may lead to spinal cord injury. The IWPUT for CPT code 73522 is therefore slightly lower.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72074	**Radiologic examination, spine; thoracic, minimum of 4 views**	**0.25**	**1**	**4**	**1**	**6**	**0.0513**
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35	1	7	1	9	0.0436

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

MPC code 70355 has a similar intra-service time and identical total time compared to CPT code 72074. However, the anatomic region for 70355 is less complex and intense than 72074, yielding a lower IWPUT. MPC code 72081 has similar intra-service and total times compared to CPT code 72074. Dedicated assessment of 72074, where there is concern for potential injury or stenosis, is more complex than 72081, which is also reflected in the site of service. CPT code 72081 is less commonly performed in the ER and inpatient compared to 72074, with less complex patients, and therefore, has a slightly lower IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72074	**Radiologic examination, spine; thoracic, minimum of 4 views**	**0.25**	**1**	**4**	**1**	**6**	**0.0513**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.25, with service period times of 1, 4, and 1 minutes for CPT code 72074. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1
72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	**Radiologic examination, spine; thoracic, minimum of 4 views**	**0.25**	**1**	**4**	**1**	**6**	**0.0513**	**4**
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72074

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 43605
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72074 provided nationally in a one-year period is estimated to be 43,605.

Specialty Diagnostic Radiology Frequency 37662 Percentage 86.37 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 14,535
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72074 is billed approximately 14,535 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 12554 Percentage 86.37 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72074

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72080 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.21**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.21**

CPT Descriptor: Radiologic examination, spine; thoracolumbar junction, minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with history of spinal fixation surgery for prior compression fractures presents with back pain. Radiographs of the thoracolumbar spine are requested to evaluate the hardware and for degenerative disease.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72080		
Sample Size:	8170	**Resp N:** 79	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**25.00**	90.00	500.00
Survey RVW:	0.16	0.21	**0.23**	0.29	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	4.00	12.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72080	**Recommended Physician Work RVU: 0.21**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 20.2 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 17.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 72080	**Top Key Reference CPT Code:** 71046	**2nd Key Reference CPT Code:** **72082**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	6.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**8.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	31%	44%	25%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	69%	13%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	19%	63%	19%

Physical effort required	0%	94%	6%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	56%	19%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	21%	64%	14%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	71%	7%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	29%	64%	7%
Physical effort required	29%	64%	7%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	29%	64%	7%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend the survey 25th percentile work RVU of 0.21 for CPT code 72080. This will maintain appropriate rank order within the X-ray spine family.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is a total recommended time of 5 minutes for CPT code 72080.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **71046** *(Radiologic examination, chest; 2 views)*, chosen by 20% of respondents, and
- **72082** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views)*, chosen by 18% of respondents.

CPT code 72080 *(Radiologic examination, spine; thoracolumbar junction, minimum of 2 views)* is an invaluable tool to evaluate spinal hardware, evaluate for spine injury, assess for degenerative changes and causes for neuropathy. Two views would be typical for this exam, which would include an AP and lateral view.

The first KRS, 71046, has similar intra-service and total times, compared with CPT code 72080, which assesses a more complex anatomic region, and therefore, has a slightly higher IWPUT. The second KRS, 72082, has more intra-service time because of the larger anatomic area, but it is less frequently performed in the ER and inpatient compared to 72080. As a result, CPT code 72082, while it has a higher work RVU, has a less complex patient population, which is represented by the lower IWPUT.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72080	**Radiologic examination, spine; thoracolumbar junction,**	**0.21**	**1**	**3**	**1**	**5**	**0.0551**

	minimum of 2 views						
71046	Radiologic examination, chest; 2 views	0.22	1	4	1	6	0.0438
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31	1	6	1	8	0.0442

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

MPC code 70355 has more intra-service time and similar total time compared to CPT code 72080. However, it assesses a less complex anatomic region, and therefore, has a lower work RVU and IWPUT. MPC code 72081 also has more intra-service time and total time compared to CPT code 72080, along with a higher work RVU. However, the work associated with MPC code 72081 is less complex and performed less frequently in the ER and inpatient setting than CPT code 72080, yielding a lower IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72080	**Radiologic examination, spine; thoracolumbar junction, minimum of 2 views**	**0.21**	**1**	**3**	**1**	**5**	**0.0551**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.21, with service period times of 1, 3, and 1 minutes for CPT code 72080. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1

72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	**Radiologic examination, spine; thoracolumbar junction, minimum of 2 views**	**0.21**	**1**	**3**	**1**	**5**	**0.0551**	**2**
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 72080 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72080

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopedic Surgery How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 132243
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72080 provided nationally in a one-year period is estimated to be 132,243

Specialty Orthopedic Surgery Frequency 31219 Percentage 23.60 %

Specialty Diagnostic Radiology Frequency 75915 Percentage 57.40 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 44,081
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72080 is billed approximately 44,081 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery Frequency 10406 Percentage 23.60 %

Specialty Diagnostic Radiology Frequency 25305 Percentage 57.40 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72080

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72100 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine, lumbosacral; 2 or 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with lumbar pain and no history of trauma. Rule out arthritis.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72100		
Sample Size:	8170	**Resp N:** 80	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	65.00	**200.00**	500.00	4000.00
Survey RVW:	0.16	0.22	**0.25**	0.31	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**3.00**	4.00	12.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72100	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 23.7 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 16.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 72100	**Top Key Reference CPT Code:** 72082	**2nd Key Reference CPT Code:** **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	6.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**8.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	37%	58%	5%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	32%	63%	5%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	42%	53%	5%

Physical effort required	26%	68%	5%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	21%	74%	5%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	69%	31%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	69%	23%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	85%	15%
Physical effort required	0%	100%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	38%	62%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine

(72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend maintaining the current work RVU of 0.22 for CPT code 72100, which is also the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is a total recommended time of 5 minutes for CPT code 72100.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72082** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views),* chosen by 24% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views),* chosen by 16% of respondents.

CPT code 72100 *(Radiologic examination, spine, lumbosacral; 2 or 3 views)* is an invaluable tool to evaluate for spine injury, assess for degenerative changes and causes for neuropathy and back pain. Three views are typical for this exam, which would include an AP, lateral and coned view of the lumbosacral junction.

The first KRS, 72082, has more intra-service and total times, along with a higher work RVU, compared to CPT code 72100 because of the larger anatomic region assessed. However, its IWPUT is lower because the patient population is less complex, with the study less frequently performed in the ER and inpatient setting compared to CPT code 72100. The second KRS, 73562, has similar intra-service and total times, with a slightly lower work RVU, compared to CPT code 72100. CPT code 73562 assesses a less complex anatomic region, and therefore, has a lower IWPUT. The appendicular x-rays are typically less complex than the axial x-rays, which include the chest, abdomen and spine regions. The axial x-rays are more complex because of the increased overlapping soft tissue and bony structures which need to be assessed.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73562	Radiologic examination, knee; 3	0.18	1	4	1	6	0.0338

	views						
72100	**Radiologic examination, spine, lumbosacral; 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31	1	6	1	8	0.0442

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

MPC code 70355 has similar times and work RVU compared to CPT code 72100. However, it assesses a less complex anatomic region, and therefore, has a lower IWPUT. MPC code 72081 has slightly more intra-service and total times, along with a higher RVU, compared to CPT code 72100. However, the work associated with CPT code 72081 is less complex and performed less frequently in the ER and inpatient setting than CPT code 72100, yielding a lower IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72100	**Radiologic examination, spine, lumbosacral; 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.22, which is also the current value, with service period times of 1, 3, and 1 minutes for CPT code 72100. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1

72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	**Radiologic examination, spine, lumbosacral; 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**	**3**
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 72100 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72100

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopedic Surgery How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 5654688
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72100 provided nationally in a one-year period is estimated to be 5,654,688

Specialty Orthopedic Surgery Frequency 1199923 Percentage 21.21 %

Specialty Diagnostic Radiology Frequency 3233559 Percentage 57.18 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,884,896 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72100 is billed approximately 1,884,896 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery Frequency 399974 Percentage 21.21 %

Specialty Diagnostic Radiology Frequency 1077853 Percentage 57.18 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72100

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72110 Tracking Number Original Specialty Recommended RVU: **0.26**
Presented Recommended RVU: **0.26**
Global Period: XXX Current Work RVU: **0.31** RUC Recommended RVU: **0.26**

CPT Descriptor: Radiologic examination, spine, lumbosacral; minimum of 4 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with trauma to the lumbosacral spine from an auto accident.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72110		
Sample Size:	8170	**Resp N:** 80	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	263.00	2000.00
Survey RVW:	0.19	0.26	**0.32**	0.37	1.10
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	4.00	**4.00**	5.00	20.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72110	**Recommended Physician Work RVU: 0.26**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72083	XXX	0.35	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 31.2 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 72110	**Top Key Reference CPT Code:** 72083	**2nd Key Reference CPT Code:** **73522**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	7.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**9.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	16%	64%	20%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	80%	12%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	12%	68%	20%

Physical effort required	20%	72%	8%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	72%	24%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	63%	38%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	50%	44%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	75%	19%
Physical effort required	0%	88%	13%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	63%	38%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine (72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend a work RVU of 0.26 for CPT code 72110, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 4 minutes intra-service, and 1 minute post-service. This is a total recommended time of 6 minutes for CPT code 72110. This is a reduction in value from the current 0.31 work RVU.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72083** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views)*, chosen by 31% of respondents, and
- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views)*, chosen by 20% of respondents.

CPT code 72110 *(Radiologic examination, spine, lumbosacral; minimum of 4 views)* is an invaluable tool to evaluate for spine injury, assess for degenerative changes and causes for neuropathy. Five views are typical for this exam which would include AP, lateral, coned-in view of the lumbosacral junction, and oblique views to evaluate the bilateral foramina.

The first KRS, 72083, has more intra-service and total times and a higher work RVU compared to CPT code 72110. However, the study is performed less frequently in the ER and inpatient setting, and therefore, has a less complex patient population with subsequently lower IWPUT. In addition, dedicated evaluation of the lumbosacral spine (CPT code 72110) where there is concern for potential injury or stenosis resulting in injury of the nerve roots is more intense than evaluation of scoliosis (CPT code 72083). The second KRS, 73522, has slightly higher intra-service and total times and work RVU. However, it assesses a slightly less complex anatomic structure and therefore has a lower IWPUT.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72110	**Radiologic examination, spine, lumbosacral; minimum of 4 views**	**0.26**	**1**	**4**	**1**	**6**	**0.0538**
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	0.35	1	7	1	9	0.0436

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

MPC code 72081 has slightly work intra-service and total times, but identical work RVU. The work associated with 72081 is less complex and performed less frequently in the ER and inpatient setting than 72110, yielding a lower IWPUT. While MPC code 70355 has similar times, it assesses a less complex anatomic region, and therefore has lower work RVU and IWPUT than 72110.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72110	**Radiologic examination, spine, lumbosacral; minimum of 4 views**	**0.26**	**1**	**4**	**1**	**6**	**0.0538**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.26—a reduction from 0.31 RVU—with service period times of 1, 4, and 1 minutes for CPT code 72110. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of

								Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1
72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	**Radiologic examination, spine, lumbosacral; minimum of 4 views**	**0.26**	**1**	**4**	**1**	**6**	**0.0538**	**5**
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 72110 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72110

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopedic Surgery How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2,578,299
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72110 provided nationally in a one-year period is estimated to be 2,578,299.

Specialty Orthopedic Surgery Frequency 226833 Percentage 8.79 %

Specialty Diagnostic Radiology Frequency 2190583 Percentage 84.96 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 859,433 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72110 is billed approximately 859,433 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery Frequency 75611 Percentage 8.79 %

Specialty Diagnostic Radiology Frequency 730194 Percentage 84.96 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72110

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72114 Tracking Number

Original Specialty Recommended RVU: **0.32**
Presented Recommended RVU: **0.30**
RUC Recommended RVU: **0.30**

Global Period: XXX Current Work RVU: **0.32**

CPT Descriptor: Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient presents with trauma to the lumbosacral spine from an auto accident. There is clinical concern for instability.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72114		
Sample Size:	8170	**Resp N:** 80	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	19.00	**50.00**	100.00	2000.00
Survey RVW:	0.22	0.30	**0.36**	0.45	1.20
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	4.00	**5.00**	6.00	20.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72114	**Recommended Physician Work RVU: 0.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72084	XXX	0.41	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72083	XXX	0.35	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70281	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 33 **% of respondents:** 41.2 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 13.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 72114	Top Key Reference CPT Code: 72084	2nd Key Reference CPT Code: **72083**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	8.00	7.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**10.00**	**9.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	12%	61%	27%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	70%	27%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	12%	64%	24%

Physical effort required	15%	70%	15%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	70%	30%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	9%	64%	27%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	73%	18%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	18%	55%	27%
Physical effort required	0%	73%	27%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	64%	18%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine

(72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend the survey 25th percentile work RVU of 0.30 for CPT code. This will maintain appropriate rank order with the X-ray spine family.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 5 minutes intra-service, and 1 minute post-service. This is a total recommended time of 7 minutes for CPT code 72114.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72084** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views)*, chosen by 41% of respondents, and
- **72083** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views)*, chosen by 14% of respondents.

CPT code 72114 *(Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views)* is an invaluable tool to evaluate for spine injury, evaluate spine alignment and instability, assess for degenerative changes and causes for neuropathy. Seven views are typical for this exam, which would include, AP, Lateral, coned-in view of the lumbosacral junction, oblique views to assess the neural foramina, bending and extension views.

Both CPT code 72083 and CPT code 70284 have slightly higher intra-service times because of the larger anatomic regions covered. However, the complexity of assessing dedicated views of the lumbosacral spine, represented by CPT code 72114, is higher compared to CPT codes 72083 and 72084. CPT code 72114 shows more detailed views of the spinal canal, neural foramina and dynamic stability, whereas 72083 and 72084 capture a larger view to assess the alignment of the spine and potential congenital anomalies contributing to curvature of the spine.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72114	**Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**	**0.30**	**1**	**5**	**1**	**7**	**0.0510**
72083	Radiologic examination, spine,	0.35	1	7	1	9	0.0436

	entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views						
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	0.41	1	8	1	10	0.0456

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

Both MPC codes 70355 and 72081 have the same intra-service time as CPT code 72114, with similar or identical total times, but all have varying work RVUs. CPT code 70355 covers a less complex anatomic region, which accounts for the lower work RVU and IWPUT. MPC code 72081 is a one view exam of the entire spine used to assess for scoliosis, requiring less intense work compared to CPT code 72114, which has a minimum of 6 views, yielding a lower work RVU and IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430
72114	**Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**	**0.30**	**1**	**5**	**1**	**7**	**0.0510**

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.30, with service period times of 1, 5, and 1 minutes for CPT code 72114. This recommendation maintains rank order and relativity within the X-ray spine family.

CPT Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1
72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2

72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	0.22	1	3	1	5	0.0584	3
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	**Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**	**0.30**	**1**	**5**	**1**	**7**	**0.0510**	**7**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) CPT code 72114 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72114

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 294897
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72114 provided nationally in a one-year period is estimated to be 294,897.

Specialty Diagnostic Radiology Frequency 183500 Percentage 62.22 %

Specialty Orthopedic Surgery Frequency 51175 Percentage 17.35 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 98,299
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72114 is billed approximately 98,299 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 61167 Percentage 62.22 %

Specialty Orthopedic Surgery Frequency 17058 Percentage 17.35 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72114

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72120 Tracking Number Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.22**
Global Period: XXX Current Work RVU: **0.22** RUC Recommended RVU: **0.22**

CPT Descriptor: Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A patient with known grade I spondylolisthesis from prior examinations. There is clinical concern for instability. Bending views are ordered to evaluate for abnormal movement.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the lumbosacral spine are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Gregory N. Nicola, MD; Melissa Chen, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Society of Neuroradiology		
CPT Code:	72120		
Sample Size:	8170	**Resp N:** 80	**Response:** 0.9 %
Description of Sample:	The ACR surveyed a total of 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The ASNR surveyed a random sample of 3,420 members. The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**50.00**	100.00	700.00
Survey RVW:	0.16	0.22	**0.26**	0.31	1.00
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	2.00	3.00	**3.00**	4.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72120	**Recommended Physician Work RVU: 0.22**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72082	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74019	XXX	0.23	**RUC Time**

CPT Descriptor Radiologic examination, abdomen; 2 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,538

CPT Descriptor 1 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,559

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 16.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 72120	**Top Key Reference CPT Code:** 72082	**2nd Key Reference CPT Code:** **74019**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	6.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**8.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	70%	10%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	70%	10%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	15%	70%	15%

Physical effort required	10%	85%	5%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	85%	15%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	15%	38%	31%	15%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	23%	38%	38%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	23%	38%	38%
Physical effort required	8%	85%	8%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	54%	31%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two X-ray codes of the spine (72020 and 72070) were identified by the CMS/Other codes with utilization >100,000 screen. The specialties expanded the family to include ten additional X-ray codes of the spine

(72040, 72050, 72052, 72072, 72074, 72080, 72100, 72110, 72114, and 72120). This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 4,000 members (a random sample of 2,000 members and a separate random sample of 2,000 members who perform radiography, musculoskeletal, or neurointerventional procedures). The American Society of Neuroradiology surveyed a random sample of 3,420 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend maintaining the current work RVU of 0.22 for CPT code 72120, which is also the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute pre-service, 3 minutes intra-service, and 1 minute post-service. This is a total recommended time of 5 minutes for CPT code 72120.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **72082** *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views),* chosen by 25% of respondents, and
- **74019** *(Radiologic examination, abdomen; 2 views),* chosen by 16% of respondents.

CPT code 72120 *(Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views)* is an invaluable tool to evaluate the dynamic spine alignment and instability. Three views are typical for this code, which includes a view in flexion, neutral and extension position.

The first KRS, 72082, covers a larger anatomic region, justifying the higher times and work RVU. However, CPT code 72120 is a more complex exam then 72082 because it requires dynamic assessment of spine stability and the relationship of vertebral bodies with movement, resulting in the slightly higher IWPUT. The second KRS, 74019, has similar times and work RVU, but the anatomic region is less complex than CPT code 72120, yielding a lower IWPUT.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72120	**Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**
74019	Radiologic examination,	0.23	1	4	1	6	0.0463

	abdomen; 2 views						
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	0.31	1	6	1	8	0.0442

MPC Codes

The surveyed code compares well with two MPC codes:

- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view))* and
- 70355 *(Orthopantogram (eg, panoramic x-ray)).*

MPC code 70355 is a one-view exam that has a slightly higher intra-service time, but covers a less complex anatomic region, accounting for the lower work RVU and IWPUT. MPC code 72081 has a slightly higher intra-service time and work RVU because it covers a larger anatomic region. However, 72081 is a single view exam used to assess spine alignment, and is less complex than dedicated views assessing the stability of the lumbosacral spine, resulting in the lower IWPUT compared to CPT code 72120.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72120	**Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.22, which is also the current value, with service period times of 1, 3, and 1 minutes for CPT code 72120. This recommendation maintains rank order and relativity within the X-ray spine family.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	Typ # of Views
72020	Radiologic examination, spine, single view, specify level	0.16	1	3	1	5	0.0384	1

72070	Radiologic examination, spine; thoracic, 2 views	0.20	1	3	1	5	0.0517	2
72040	Radiologic examination, spine, cervical; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	0.21	1	3	1	5	0.0551	2
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	0.22	1	3	1	5	0.0584	3
72120	**Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**	**0.22**	**1**	**3**	**1**	**5**	**0.0584**	**3**
72072	Radiologic examination, spine; thoracic, 3 views	0.23	1	3	1	5	0.0617	3
72074	Radiologic examination, spine; thoracic, minimum of 4 views	0.25	1	4	1	6	0.0513	4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	0.26	1	4	1	6	0.0538	5
72050	Radiologic examination, spine, cervical; 4 or 5 views	0.27	1	4	1	6	0.0563	5
72052	Radiologic examination, spine, cervical; 6 or more views	0.30	1	5	1	7	0.0510	7
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	0.30	1	5	1	7	0.0510	7

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) CPT code 72120 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72120

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Orthopedic Surgery How often? Commonly

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 144690
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72120 provided nationally in a one-year period is estimated to be 144,690.

Specialty Orthopedic Surgery Frequency 41048 Percentage 28.36 %

Specialty Diagnostic Radiology Frequency 79901 Percentage 55.22 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 48,230
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 72120 is billed approximately 48,230 times in total for Medicare patients nationally in a one-year period.

Specialty Orthopedic Surgery Frequency 13683 Percentage 28.37 %

Specialty Diagnostic Radiology Frequency 26634 Percentage 55.22 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72120

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Spine

TAB: 27

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73120	Radiologic examination, hand; 2 views	18	0.0288			0.16			6	1					4			1					
2nd REF	72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	16	0.0430			0.26			7	1					5			1					
CMS/Other	72020	Radiologic examination, spine, single view, specify level		#DIV/0!			0.15			5														
SVY	72020	Radiologic examination, spine, single view, specify level	79	0.0451	0.12	0.16	0.18	0.23	1.00	5	1			1	2	3	3	15	1	3	23	50	100	1000
SVY - ACR	72020	Radiologic examination, spine, single view, specify level	59	0.0451	0.12	0.16	0.18	0.23	0.70	5	1			1	2	3	4	15	1	4	25	50	100	1000
SVY - Subset	72020	Radiologic examination, spine, single view, specify level	41	0.0417	0.12	0.16	0.17	0.20	0.40	5	1			1	2	3	4	15	1	4	40	50	100	1000
SVY - Random	72020	Radiologic examination, spine, single view, specify level	18	0.0776	0.12	0.15	0.20	0.26	0.70	4	1			1	2	2	3	5	1	10	20	50	89	500
SVY - ASNR	72020	Radiologic examination, spine, single view, specify level	19	0.0776	0.13	0.16	0.20	0.24	1.00	4	1			1	2	2	3	5	1	3	20	50	150	400
SVY - AAOS	72020	Radiologic examination, spine, single view, specify level	1	0.0202	0.26	0.26	0.26	0.26	0.26	12	3			4	4	4	4	4	5	30	30	30	30	30
REC	72020	Radiologic examination, spine, single view, specify level		0.0384			0.16			5	1					3			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73562	Radiologic examination, knee; 3 views	15	0.0338			0.18			6	1					4			1					
2nd REF	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	14	0.0442			0.31			8	1					6			1					
Jan-12	72040	Radiologic examination, spine, cervical; 2 or 3 views		0.0509			0.22			6	1					3			2					
SVY	72040	Radiologic examination, spine, cervical; 2 or 3 views	79	0.0651	0.16	0.22	0.24	0.30	1.00	5	1			1	2	3	4	15	1	20	50	100	300	2000
SVY - ACR	72040	Radiologic examination, spine, cervical; 2 or 3 views	59	0.0651	0.16	0.21	0.24	0.30	0.90	5	1			1	2	3	4	15	1	20	64	100	300	2000
SVY - Subset	72040	Radiologic examination, spine, cervical; 2 or 3 views	41	0.0651	0.16	0.22	0.24	0.29	0.50	5	1			2	3	3	4	15	1	20	100	100	300	2000
SVY - Random	72040	Radiologic examination, spine, cervical; 2 or 3 views	18	0.0651	0.17	0.18	0.24	0.31	0.90	5	1			1	2	3	3	10	1	25	58	140	288	1000
SVY - ASNR	72040	Radiologic examination, spine, cervical; 2 or 3 views	19	0.0684	0.18	0.22	0.25	0.27	1.00	5	1			2	3	3	4	6	1	20	50	200	250	500
SVY - AAOS	72040	Radiologic examination, spine, cervical; 2 or 3 views	1	0.0155	0.31	0.31	0.31	0.31	0.31	16	4			7	7	7	7	7	5	30	30	30	30	30
REC	72040	Radiologic examination, spine, cervical; 2 or 3 views		0.0584			0.22			5	1					3			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	19	0.0436			0.35			9	1					7			1					
2nd REF	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	13	0.0442			0.31			8	1					6			1					
Jan-12	72050	Radiologic examination, spine, cervical; 4 or 5 views		0.0486			0.31			8	1					5			2					
SVY	72050	Radiologic examination, spine, cervical; 4 or 5 views	79	0.0663	0.20	0.27	0.31	0.35	1.10	6	1			2	3	4	5	17	1	0	50	100	200	2000
SVY - ACR	72050	Radiologic examination, spine, cervical; 4 or 5 views	59	0.0688	0.21	0.28	0.32	0.35	1.10	6	1			2	4	4	6	17	1	20	50	100	200	2000
SVY - Subset	72050	Radiologic examination, spine, cervical; 4 or 5 views	41	0.0550	0.21	0.29	0.32	0.35	0.60	7	1			3	4	5	6	17	1	20	50	100	200	2000
SVY - Random	72050	Radiologic examination, spine, cervical; 4 or 5 views	18	0.0663	0.22	0.26	0.31	0.36	1.10	6	1			2	3	4	5	15	1	20	51	100	219	800
SVY - ASNR	72050	Radiologic examination, spine, cervical; 4 or 5 views	19	0.0638	0.20	0.24	0.30	0.35	1.00	6	1			2	3	4	5	8	1	0	35	100	250	500
SVY - AAOS	72050	Radiologic examination, spine, cervical; 4 or 5 views	1	0.0126	0.35	0.35	0.35	0.35	0.35	20	5			10	10	10	10	10	5	20	20	20	20	20
REC	72050	Radiologic examination, spine, cervical; 4 or 5 views		0.0563			0.27			6	1					4			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	27	0.0457			0.41			10	1					8			1					
2nd REF	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	11	0.0436			0.35			9	1					7			1					
Jan-12	72052	Radiologic examination, spine, cervical; 6 or more views		0.0586			0.36			8	1					5			2					
SVY	72052	Radiologic examination, spine, cervical; 6 or more views	78	0.0650	0.22	0.30	0.37	0.41	1.10	7	1			2	4	5	6	20	1	0	25	50	100	2500
SVY - ACR	72052	Radiologic examination, spine, cervical; 6 or more views	59	0.0650	0.23	0.31	0.37	0.41	1.10	7	1			2	4	5	6	20	1	0	33	50	100	2500
SVY - Subset	72052	Radiologic examination, spine, cervical; 6 or more views	41	0.0650	0.23	0.32	0.37	0.41	0.80	7	1			2	4	5	6	20	1	0	40	50	120	2500
SVY - Random	72052	Radiologic examination, spine, cervical; 6 or more views	18	0.0707	0.25	0.30	0.35	0.41	1.10	7	2			3	4	4	6	15	1	3	13	38	98	700
SVY - ASNR	72052	Radiologic examination, spine, cervical; 6 or more views	19	0.0610	0.22	0.26	0.35	0.42	1.00	7	1			3	4	5	5	9	1	0	13	40	100	300
REC	72052	Radiologic examination, spine, cervical; 6 or more views		0.0510			0.30			7	1					5			1					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
66						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
67	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
68	1st REF	71046	Radiologic examination, chest; 2 views	27	0.0438			0.22			6	1					4			1					
69	2nd REF	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	15	0.0442			0.31			8	1					6			1					
70	Sep-14	72070	Radiologic examination, spine; thoracic, 2 views		0.0584			0.22			5	1					3			1					
71	SVY	72070	Radiologic examination, spine; thoracic, 2 views	79	0.0617	0.16	0.20	0.23	0.30	1.00	5	1			1	2	3	4	10	1	2	50	100	200	1000
72	SVY - ACR	72070	Radiologic examination, spine; thoracic, 2 views	59	0.0617	0.16	0.20	0.23	0.30	0.70	5	1			1	2	3	4	10	1	10	50	100	200	1000
73	SVY - Subset	72070	Radiologic examination, spine; thoracic, 2 views	41	0.0617	0.16	0.21	0.23	0.26	0.50	5	1			1	2	3	4	10	1	20	50	100	200	1000
74	SVY - Random	72070	Radiologic examination, spine; thoracic, 2 views	18	0.0926	0.17	0.18	0.23	0.31	0.70	4	1			1	2	2	3	10	1	10	54	90	175	300
75	SVY - ASNR	72070	Radiologic examination, spine; thoracic, 2 views	19	0.0584	0.18	0.21	0.22	0.27	1.00	5	1			2	2	3	3	6	1	2	40	60	200	384
76	SVY - AAOS	72070	Radiologic examination, spine; thoracic, 2 views	1	0.0187	0.31	0.31	0.31	0.31	0.31	15	3			7	7	7	7	7	5	30	30	30	30	30
77	REC	72070	Radiologic examination, spine; thoracic, 2 views		0.0517			0.20			5	1					3			1					
78																									
79						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
80	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
81	1st REF	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	14	0.0442			0.31			8	1					6			1					
82	2nd REF	73562	Radiologic examination, knee; 3 views	10	0.0338			0.18			6	1					4			1					
83	CMS/Other	72072	Radiologic examination, spine; thoracic, 3 views		#DIV/0!			0.22			6														
84	SVY	72072	Radiologic examination, spine; thoracic, 3 views	78	0.0684	0.16	0.23	0.25	0.31	1.00	5	1			2	3	3	4	15	1	0	43	100	200	1000
85	SVY - ACR	72072	Radiologic examination, spine; thoracic, 3 views	59	0.0684	0.16	0.23	0.25	0.32	0.70	5	1			2	3	3	4	15	1	0	50	100	200	1000
86	SVY - Subset	72072	Radiologic examination, spine; thoracic, 3 views	41	0.0684	0.16	0.23	0.25	0.30	0.50	5	1			2	3	3	4	15	1	0	50	100	200	1000
87	SVY - Random	72072	Radiologic examination, spine; thoracic, 3 views	18	0.0751	0.19	0.23	0.27	0.34	0.70	5	1			2	3	3	4	10	1	10	37	60	182	500
88	SVY - ASNR	72072	Radiologic examination, spine; thoracic, 3 views	19	0.0684	0.19	0.23	0.25	0.30	1.00	5	1			2	3	3	4	6	1	1	25	75	200	300
89	REC	72072	Radiologic examination, spine; thoracic, 3 views		0.0617			0.23			5	1					3			1					
90																									
91						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
92	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
93	1st REF	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	16	0.0436			0.35			9	1					7			1					
94	2nd REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	12	0.0490			0.29			7	1					5			1					
95	CMS/Other	72074	Radiologic examination, spine; thoracic, minimum of 4 views		#DIV/0!			0.22			6														
96	SVY	72074	Radiologic examination, spine; thoracic, minimum of 4 views	78	0.0638	0.20	0.25	0.30	0.35	1.00	6	1			2	3	4	5	17	1	0	10	30	95	500
97	SVY - ACR	72074	Radiologic examination, spine; thoracic, minimum of 4 views	59	0.0638	0.21	0.26	0.30	0.36	1.00	6	1			2	3	4	5	17	1	0	10	30	100	500
98	SVY - Subset	72074	Radiologic examination, spine; thoracic, minimum of 4 views	41	0.0613	0.21	0.26	0.29	0.35	0.70	6	1			2	4	4	5	17	1	0	10	40	80	500
99	SVY - Random	72074	Radiologic examination, spine; thoracic, minimum of 4 views	18	0.0638	0.22	0.25	0.30	0.37	1.00	6	1			3	3	4	5	15	1	1	10	28	100	200
100	SVY - ASNR	72074	Radiologic examination, spine; thoracic, minimum of 4 views	19	0.0638	0.20	0.25	0.30	0.34	1.00	6	1			2	4	4	4	7	1	0	8	20	65	200
101	REC	72074	Radiologic examination, spine; thoracic, minimum of 4 views		0.0513			0.25			6	1					4			1					
102																									
103						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
104	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
105	1st REF	71046	Radiologic examination, chest; 2 views	16	0.0438			0.22			6	1					4			1					
106	2nd REF	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	14	0.0442			0.31			8	1					6			1					
107	CMS/Other	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		#DIV/0!			0.22			6														
108	SVY	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	79	0.0617	0.16	0.21	0.23	0.29	1.00	5	1			1	2	3	4	12	1	0	10	25	90	500
109	SVY - ACR	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	59	0.0617	0.16	0.21	0.23	0.29	0.70	5	1			1	2	3	4	12	1	1	15	35	100	500
110	SVY - Subset	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	41	0.0617	0.16	0.22	0.23	0.27	0.50	5	1			2	2	3	4	12	1	5	20	50	100	500
111	SVY - Random	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	18	0.1026	0.17	0.21	0.25	0.32	0.70	4	1			1	2	2	3	10	1	1	10	18	88	200
112	SVY - ASNR	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	19	0.0617	0.17	0.21	0.23	0.27	1.00	5	1			2	3	3	3	6	1	0	5	20	50	200
113	SVY - AAOS	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	1	0.0136	0.31	0.31	0.31	0.31	0.31	17	4			8	8	8	8	8	5	30	30	30	30	30
114	REC	72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views		0.0551			0.21			5	1					3			1					
115																									

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
116						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
117	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
118	1st REF	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	19	0.0442			0.31			8	1					6			1					
119	2nd REF	73562	Radiologic examination, knee; 3 views	13	0.0338			0.18			6	1					4			1					
120	Feb-11	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		0.0509			0.22			6	1					3			2					
121	SVY	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	80	0.0684	0.16	0.22	0.25	0.31	1.00	5	1			1	3	3	4	12	1	10	65	200	500	4000
122	SVY - ACR	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	59	0.0684	0.16	0.22	0.25	0.32	1.00	5	1			1	3	3	4	12	1	20	77	250	500	4000
123	SVY - Subset	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	41	0.0684	0.16	0.22	0.25	0.32	0.60	5	1			2	3	3	4	12	1	20	100	300	500	4000
124	SVY - Random	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	18	0.0684	0.17	0.22	0.25	0.32	1.00	5	1			1	2	3	4	10	1	20	76	175	375	1500
125	SVY - ASNR	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	19	0.0684	0.18	0.22	0.25	0.29	1.00	5	1			2	3	3	4	6	1	20	60	125	350	800
126	SVY - AAOS	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	2	0.0202	0.25	0.27	0.28	0.30	0.31	13	4			5	5	5	5	5	4	10	20	30	40	40
127	REC	72100	Radiologic examination, spine, lumbosacral; 2 or 3 views		0.0584			0.22			5	1					3			1					
128																									
129						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
130	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
131	1st REF	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	25	0.0436			0.35			9	1					7			1					
132	2nd REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	16	0.0490			0.29			7	1					5			1					
133	Feb-11	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		0.0486			0.31			8	1					5			2					
134	SVY	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	80	0.0688	0.19	0.26	0.32	0.37	1.10	6	1			2	4	4	5	20	1	0	50	100	263	2000
135	SVY - ACR	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	59	0.0688	0.20	0.26	0.32	0.38	1.10	6	1			2	3	4	5	20	1	5	50	120	300	2000
136	SVY - Subset	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	41	0.0713	0.21	0.27	0.33	0.38	0.70	6	1			2	4	4	6	20	1	20	50	120	300	2000
137	SVY - Random	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	18	0.0632	0.20	0.25	0.32	0.36	1.10	7	2			2	3	4	5	15	1	5	50	120	288	1000
138	SVY - ASNR	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	19	0.0638	0.19	0.25	0.30	0.38	1.00	6	1			2	4	4	5	8	1	0	20	70	200	500
139	SVY - AAOS	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	2	0.0169	0.29	0.31	0.32	0.34	0.35	16	4			6	7	7	8	8	5	10	10	10	10	10
140	REC	72110	Radiologic examination, spine, lumbosacral; minimum of 4 views		0.0538			0.26			6	1					4			1					
141																									
142						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
143	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
144	1st REF	72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	33	0.0457			0.41			10	1					8			1					
145	2nd REF	72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	11	0.0436			0.35			9	1					7			1					
146	Feb-11	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		0.0506			0.32			8	1					5			2					
147	SVY	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	80	0.0630	0.22	0.30	0.36	0.45	1.20	7	1			3	4	5	6	20	1	0	19	50	100	2000
148	SVY - ACR	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	59	0.0630	0.24	0.31	0.36	0.44	1.20	7	1			3	4	5	6	20	1	0	20	50	100	2000
149	SVY - Subset	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	41	0.0542	0.24	0.32	0.37	0.45	0.90	8	1			3	5	6	6	20	1	0	20	50	150	2000
150	SVY - Random	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	18	0.0763	0.25	0.29	0.35	0.41	1.20	6	1			3	4	4	6	15	1	1	20	28	93	500
151	SVY - ASNR	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	19	0.0710	0.22	0.28	0.40	0.45	1.00	7	1			3	5	5	6	8	1	0	13	50	100	400
152	SVY - AAOS	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	2	0.0126	0.31	0.34	0.36	0.39	0.41	20	5			5	7	9	10	12	6	3	5	7	8	10
153	REC	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views		0.0510			0.30			7	1					5			1					
154																									
155						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
156	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
157	1st REF	72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis	20	0.0442			0.31			8	1					6			1					
158	2nd REF	74019	Radiologic examination, abdomen; 2 views	13	0.0463			0.23			6	1					4			1					
159	Feb-11	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		0.0509			0.22			6	1					3			2					
160	SVY	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	80	0.0717	0.16	0.22	0.26	0.31	1.00	5	1			2	3	3	4	15	1	0	15	50	100	700
161	SVY - ACR	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	59	0.0717	0.16	0.22	0.26	0.32	1.00	5	1			2	3	3	4	15	1	0	18	50	100	700
162	SVY - Subset	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	41	0.0717	0.16	0.23	0.26	0.30	0.50	5	1			2	3	3	4	15	1	0	30	50	100	700
163	SVY - Random	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	18	0.0717	0.18	0.22	0.26	0.36	1.00	5	1			2	2	3	5	10	1	1	13	28	65	700
164	SVY - ASNR	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	19	0.0684	0.20	0.23	0.25	0.31	1.00	5	1			2	3	3	4	7	1	1	20	50	100	400
165	SVY - AAOS	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	2	0.0059	0.26	0.28	0.31	0.33	0.35	19	6			5	6	7	7	8	6	4	6	7	9	10
166	REC	72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views		0.0584			0.22			5	1					3			1					

CPT Code: 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, 72120
Specialty Society: ACR, AAOS, ASNR

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

72020	Radiologic examination, spine, single view, specify level
72040	Radiologic examination, spine, cervical; 2 or 3 views
72050	Radiologic examination, spine, cervical; 4 or 5 views
72052	Radiologic examination, spine, cervical; 6 or more views
72070	Radiologic examination, spine; thoracic, 2 views
72072	Radiologic examination, spine; thoracic, 3 views
72074	Radiologic examination, spine; thoracic, minimum of 4 views
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR), American Academy of Orthopaedic Surgeons (AAOS), and the American Society of Neuroradiology (ASNR) convened a consensus panel to finalize the practice expense data for the x-ray spine, CPT codes 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, and 72120.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the codes you are making recommendations on are not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for code 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72100, 72110, 72114, 72120 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   These codes are not typically billed with an E/M service.
   CPT codes 72040, 72070, 72080, 72100, 72110, 72114, and 72120 are typically billed with an E/M in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
72020	INDEPENDENT DIAGNOSTIC TESTING FACILITY	29%	DIAGNOSTIC RADIOLOGY	79%
72040	ORTHOPEDIC SURGERY	35%	DIAGNOSTIC RADIOLOGY	57%
72050	DIAGNOSTIC RADIOLOGY	34%	DIAGNOSTIC RADIOLOGY	70%
72052	DIAGNOSTIC RADIOLOGY	36%	DIAGNOSTIC RADIOLOGY	74%
72070	DIAGNOSTIC RADIOLOGY	24%	DIAGNOSTIC RADIOLOGY	64%
72072	DIAGNOSTIC RADIOLOGY	52%	DIAGNOSTIC RADIOLOGY	90%
72074	DIAGNOSTIC RADIOLOGY	47%	DIAGNOSTIC RADIOLOGY	86%
72080	ORTHOPEDIC SURGERY	45%	DIAGNOSTIC RADIOLOGY	57%
72100	ORTHOPEDIC SURGERY	40%	DIAGNOSTIC RADIOLOGY	57%
72110	DIAGNOSTIC RADIOLOGY	30%	DIAGNOSTIC RADIOLOGY	66%
72114	DIAGNOSTIC RADIOLOGY	33%	DIAGNOSTIC RADIOLOGY	62%
72120	ORTHOPEDIC SURGERY	45%	DIAGNOSTIC RADIOLOGY	79%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Spine, all study types
   Bring patient into x-ray room and have patient stand or lie on the x-ray table as appropriate. Place first cassette at patient's appropriate spine level. Position the patient's spine for the first view (typically an AP, lateral or bending view depending on study type). Stabilize spine with angle sponge/bolster to minimize motion as appropriate. Step behind shielding to control panel. Set

appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under spine. Repeat above steps as many times as necessary for the study type, starting with placing a new cassette for the next view. For example, a typical 3 view exam of the cervical spine would include AP, lateral and odontoid views; a typical 4 view exam at any level would include AP, lateral and bilateral oblique views; and a typical 6 view exam at any level would include AP, lateral, bilateral oblique, and flexion/extension views. Once all views have been obtained, take all cassettes to the image reader. Run all cassettes through the reader. Check images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled “Calculating equipment time”). If you have selected “other formula” for any of the equipment please explain here:
    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	I	K	M	O	Q	S	U	W	Y
1	RUC Practice Expense Spreadsheet				CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines			72020	72020	72040	72040	72050	72050	72052	72052	72070
3		RUC Collaboration Website			Radiologic examination, spine, single view, specify level (Apr. 2017)	Radiologic examination, spine, single view, specify level (Jan. 2019)	Radiologic examination, spine, cervical; 2 or 3 views (Apr. 2017)	Radiologic examination, spine, cervical; 2 or 3 views (Jan. 2019)	Radiologic examination, spine, cervical; 4 or 5 views (Apr. 2017)	Radiologic examination, spine, cervical; 4 or 5 views (Jan. 2019)	Radiologic examination, spine, cervical; 6 or more views (Apr. 2017)	Radiologic examination, spine, cervical; 6 or more views (Jan. 2019)	Radiologic examination, spine; thoracic, 2 views (Apr. 2017)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 27 - X-Ray Spine Specialty: ACR, ASNR, AAOS	Clinical Staff Type Code	Clinical Staff Type									
5		LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME			$ 5.90	$ 5.88	$ 10.24	$ 10.21	$ 14.68	$ 14.59	$ 18.39	$ 18.36	$ 9.00
8		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	16.0	16.0	21.0	21.0	30.0	30.0	36.0	36.0	21.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	16.0	16.0	21.0	21.0	30.0	30.0	36.0	36.0	21.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD											
14		Start: Following visit when decision for surgery or procedure made											
29		End: When patient enters office/facility for surgery/procedure											
30		SERVICE PERIOD											
31		Start: When patient enters office/facility for surgery/procedure:											
32		Pre-Service (of service period)											
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	3	3			3	3	3	3	3
34	CA010	Obtain vital signs											
35	CA011	Provide education/obtain consent											
36	CA012	Review requisition, assess for special needs											
37	CA013	Prepare room, equipment and supplies	L041B	Radiologic	1	1	2	2	2	2	2	2	2
38	CA014	Confirm order, protocol exam											
39	CA015	Setup scope (nonfacility setting only)											
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic	1	1	2	2	2	2	2	2	2
41	CA017	Sedate/apply anesthesia											
48		Intra-service (of service period)											
49	CA018	Assist physician or other qualified healthcare professional---directly											
50	CA019	Assist physician or other qualified healthcare professional---directly											
51	CA020	Assist physician or other qualified healthcare professional---directly											
52	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic Technologist	3	3	9	9	15	15	21	21	6
58		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA									
59		Post-Service (of service period)											
60	CA022	Monitor patient following procedure/service, multitasking 1:4											
61	CA023	Monitor patient following procedure/service, no multitasking											
62	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	3	3	3	3	3	3	3	3	3
63	CA025	Clean scope											
64	CA026	Clean surgical instrument package											
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions											
66	CA028	Review/read post-procedure x-ray, lab and pathology reports											
67	CA029	Check dressings, catheters, wounds											
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L041B	Radiologic	2	2	2	2	2	2	2	2	2
69	CA031	Review examination with interpreting MD/DO	L041B	Radiologic	2	2	2	2	2	2	2	2	2
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L041B	Radiologic	1	1	1	1	1	1	1	1	1
71	CA033	Perform regulatory mandated quality assurance activity (service period)											
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry											
73	CA035	Review home care instructions, coordinate visits/prescriptions											
74	CA036	Discharge day management			n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81		End: Patient leaves office											
82		POST-SERVICE PERIOD											
83		Start: Patient leaves office/facility											
92	CA039	Post-operative visits (total time)			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99		End: with last office visit before end of global period											
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT									
101		TOTAL COST OF SUPPLY QUANTITY x PRICE			$ 0.55	$ 0.55	$ -	$ -	$ 0.55	$ 0.55	$ 0.55	$ 0.55	$ 0.55

	A	B	D	E	I	K	M	O	Q	S	U	W	Y
1	RUC Practice Expense Spreadsheet				CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines			72020	72020	72040	72040	72050	72050	72052	72052	72070
3		RUC Collaboration Website			Radiologic examination, spine, single view, specify level (Apr. 2017)	Radiologic examination, spine, single view, specify level (Jan. 2019)	Radiologic examination, spine, cervical; 2 or 3 views (Apr. 2017)	Radiologic examination, spine, cervical; 2 or 3 views (Jan. 2019)	Radiologic examination, spine, cervical; 4 or 5 views (Apr. 2017)	Radiologic examination, spine, cervical; 4 or 5 views (Jan. 2019)	Radiologic examination, spine, cervical; 6 or more views (Apr. 2017)	Radiologic examination, spine, cervical; 6 or more views (Jan. 2019)	Radiologic examination, spine; thoracic, 2 views (Apr. 2017)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 27 - X-Ray Spine Specialty: ACR, ASNR, AAOS	Clinical Staff Type Code	Clinical Staff Type									
5		LOCATION			Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME			$ 5.90	$ 5.88	$ 10.24	$ 10.21	$ 14.68	$ 14.59	$ 18.39	$ 18.36	$ 9.00
8		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	16.0	16.0	21.0	21.0	30.0	30.0	36.0	36.0	21.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	16.0	16.0	21.0	21.0	30.0	30.0	36.0	36.0	21.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
102	SB026	gown, patient	0.547	item	1	1			1	1	1	1	1
103													
109	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula									
110		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE			$ 5.36	$ 5.33	$ 10.24	$ 10.21	$ 14.13	$ 14.04	$ 17.84	$ 17.81	$ 8.45
111	ED050	Technologist PACS workstation	5557	PACS	16	16	21	21	30	30	36	36	21
112	ED053	Professional PACS Workstation	14829.6153	Other Formula	4	4	4	4	6	5	6	6	4
113	EL012	room, basic radiology	157366.593	Highly Technical	8	8	16	16	22	22	28	28	13

	A	B	AA	AC	AE	AG	AI	AK	AM
1	RUC Practice Expense Spreadsheet		RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines	72070	72072	72072	72074	72074	72080	72080
3		RUC Collaboration Website	Radiologic examination, spine; thoracic, 2 views (Jan. 2019)	Radiologic examination, spine; thoracic, 3 views (Apr. 2017)	Radiologic examination, spine; thoracic, 3 views (Jan. 2019)	Radiologic examination, spine; thoracic, minimum of 4 views (Apr. 2017)	Radiologic examination, spine; thoracic, minimum of 4 views (Jan. 2019)	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views (Apr. 2017)	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views (Jan. 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 27 - X-Ray Spine Specialty: ACR, ASNR, AAOS							
5		LOCATION	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 8.35	$ 10.91	$ 10.82	$ 12.76	$ 12.73	$ 8.44	$ 8.35
8		TOTAL CLINICAL STAFF TIME	18.0	24.0	24.0	27.0	27.0	18.0	18.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	18.0	24.0	24.0	27.0	27.0	18.0	18.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD							
14		Start: Following visit when decision for surgery or procedure made							
29		End: When patient enters office/facility for surgery/procedure							
30		SERVICE PERIOD							
31		Start: When patient enters office/facility for surgery/procedure:							
32		Pre-Service (of service period)							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available		3	3	3	3		
34	CA010	Obtain vital signs							
35	CA011	Provide education/obtain consent							
36	CA012	Review requisition, assess for special needs							
37	CA013	Prepare room, equipment and supplies	2	2	2	2	2	2	2
38	CA014	Confirm order, protocol exam							
39	CA015	Setup scope (nonfacility setting only)							
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	2	2	2	2	2	2
41	CA017	Sedate/apply anesthesia							
48		Intra-service (of service period)							
49	CA018	Assist physician or other qualified healthcare professional---directly							
50	CA019	Assist physician or other qualified healthcare professional---directly							
51	CA020	Assist physician or other qualified healthcare professional---directly							
52	CA021	Perform procedure/service---NOT directly related to physician work time	6	9	9	12	12	6	6
58		*Other activity: please include short clinical description here and type new in column A*							
59		Post-Service (of service period)							
60	CA022	Monitor patient following procedure/service, multitasking 1:4							
61	CA023	Monitor patient following procedure/service, no multitasking							
62	CA024	Clean room/equipment by clinical staff	3	3	3	3	3	3	3
63	CA025	Clean scope							
64	CA026	Clean surgical instrument package							
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions							
66	CA028	Review/read post-procedure x-ray, lab and pathology reports							
67	CA029	Check dressings, catheters, wounds							
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	2	2	2	2	2	2	2
69	CA031	Review examination with interpreting MD/DO	2	2	2	2	2	2	2
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1	1	1	1	1	1	1
71	CA033	Perform regulatory mandated quality assurance activity (service period)							
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry							
73	CA035	Review home care instructions, coordinate visits/prescriptions							
74	CA036	Discharge day management	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81		End: Patient leaves office							
82		POST-SERVICE PERIOD							
83		Start: Patient leaves office/facility							
92	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99		End: with last office visit before end of global period							
100	Supply Code	MEDICAL SUPPLIES							
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ 0.55	$ 0.55	$ 0.55	$ 0.55	$ -	$ -

	A	B	AA	AC	AE	AG	AI	AK	AM
1	RUC Practice Expense Spreadsheet		RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines	72070	72072	72072	72074	72074	72080	72080
3		RUC Collaboration Website	Radiologic examination, spine; thoracic, 2 views (Jan. 2019)	Radiologic examination, spine; thoracic, 3 views (Apr. 2017)	Radiologic examination, spine; thoracic, 3 views (Jan. 2019)	Radiologic examination, spine; thoracic, minimum of 4 views (Apr. 2017)	Radiologic examination, spine; thoracic, minimum of 4 views (Jan. 2019)	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views (Apr. 2017)	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views (Jan. 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 27 - X-Ray Spine Specialty: ACR, ASNR, AAOS							
5		LOCATION	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 8.35	$ 10.91	$ 10.82	$ 12.76	$ 12.73	$ 8.44	$ 8.35
8		TOTAL CLINICAL STAFF TIME	18.0	24.0	24.0	27.0	27.0	18.0	18.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	18.0	24.0	24.0	27.0	27.0	18.0	18.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
102	SB026	gown, patient		1	1	1	1		
103									
109	Equipment Code	EQUIPMENT							
110		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 8.35	$ 10.36	$ 10.27	$ 12.22	$ 12.19	$ 8.44	$ 8.35
111	ED050	Technologist PACS workstation	18	24	24	27	27	18	18
112	ED053	Professional PACS Workstation	4	5	4	5	5	5	4
113	EL012	room, basic radiology	13	16	16	19	19	13	13

	A	B	AO	AQ	AS	AU	AW	AY	BA	BC
1	RUC Practice Expense Spreadsheet		CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines	72100	72100	72110	72110	72114	72114	72120	72120
3		RUC Collaboration Website	Radiologic examination, spine, lumbosacral; 2 or 3 views (Apr. 2017)	Radiologic examination, spine, lumbosacral; 2 or 3 views (Jan. 2019)	Radiologic examination, spine, lumbosacral; minimum of 4 views (Apr. 2017)	Radiologic examination, spine, lumbosacral; minimum of 4 views (Jan. 2019)	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views (Apr. 2017)	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views (Jan. 2019)	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views (Apr 2017)	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views (Jan. 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 27 - X-Ray Spine Specialty: ACR, ASNR, AAOS								
5		LOCATION	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 10.24	$ 10.21	$ 14.68	$ 13.98	$ 17.77	$ 17.75	$ 12.09	$ 10.21
8		TOTAL CLINICAL STAFF TIME	21.0	21.0	30.0	27.0	33.0	33.0	26.0	21.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	21.0	21.0	30.0	27.0	33.0	33.0	26.0	21.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD								
14		Start: Following visit when decision for surgery or procedure made								
29		End: When patient enters office/facility for surgery/procedure								
30		SERVICE PERIOD								
31		Start: When patient enters office/facility for surgery/procedure:								
32		Pre-Service (of service period)								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available			3				3	
34	CA010	Obtain vital signs								
35	CA011	Provide education/obtain consent								
36	CA012	Review requisition, assess for special needs								
37	CA013	Prepare room, equipment and supplies	2	2	2	2	2	2	2	2
38	CA014	Confirm order, protocol exam								
39	CA015	Setup scope (nonfacility setting only)								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2	2	2	2	2	2	2	2
41	CA017	Sedate/apply anesthesia								
48		Intra-service (of service period)								
49	CA018	Assist physician or other qualified healthcare professional---directly								
50	CA019	Assist physician or other qualified healthcare professional---directly								
51	CA020	Assist physician or other qualified healthcare professional---directly								
52	CA021	Perform procedure/service---NOT directly related to physician work time	9	9	15	15	21	21	11	9
58		*Other activity: please include short clinical description here and type new in column A*								
59		Post-Service (of service period)								
60	CA022	Monitor patient following procedure/service, multitasking 1:4								
61	CA023	Monitor patient following procedure/service, no multitasking								
62	CA024	Clean room/equipment by clinical staff	3	3	3	3	3	3	3	3
63	CA025	Clean scope								
64	CA026	Clean surgical instrument package								
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions								
66	CA028	Review/read post-procedure x-ray, lab and pathology reports								
67	CA029	Check dressings, catheters, wounds								
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	2	2	2	2	2	2	2	2
69	CA031	Review examination with interpreting MD/DO	2	2	2	2	2	2	2	2
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1	1	1	1	1	1	1	1
71	CA033	Perform regulatory mandated quality assurance activity (service period)								
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry								
73	CA035	Review home care instructions, coordinate visits/prescriptions								
74	CA036	Discharge day management	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
81		End: Patient leaves office								
82		POST-SERVICE PERIOD								
83		Start: Patient leaves office/facility								
92	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
99		End: with last office visit before end of global period								
100	Supply Code	MEDICAL SUPPLIES								
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ -	$ 0.55	$ -	$ -	$ -	$ 0.55	$ -

	A	B	AO	AQ	AS	AU	AW	AY	BA	BC
1	RUC Practice Expense Spreadsheet		CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
2		*Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines	72100	72100	72110	72110	72114	72114	72120	72120
3		RUC Collaboration Website	Radiologic examination, spine, lumbosacral; 2 or 3 views (Apr. 2017)	Radiologic examination, spine, lumbosacral; 2 or 3 views (Jan. 2019)	Radiologic examination, spine, lumbosacral; minimum of 4 views (Apr. 2017)	Radiologic examination, spine, lumbosacral; minimum of 4 views (Jan. 2019)	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views (Apr. 2017)	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views (Jan. 2019)	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views (Apr 2017)	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views (Jan. 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 27 - X-Ray Spine Specialty: ACR, ASNR, AAOS								
5		LOCATION	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 10.24	$ 10.21	$ 14.68	$ 13.98	$ 17.77	$ 17.75	$ 12.09	$ 10.21
8		TOTAL CLINICAL STAFF TIME	21.0	21.0	30.0	27.0	33.0	33.0	26.0	21.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	21.0	21.0	30.0	27.0	33.0	33.0	26.0	21.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
102	SB026	gown, patient			1				1	
103										
109	Equipment Code	EQUIPMENT								
110		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 10.24	$ 10.21	$ 14.13	$ 13.98	$ 17.77	$ 17.75	$ 11.54	$ 10.21
111	ED050	Technologist PACS workstation	21	21	30	27	33	33	26	21
112	ED053	Professional PACS Workstation	4	4	6	5	6	6	4	4
113	EL012	room, basic radiology	16	16	22	22	28	28	18	16

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Exam – Pelvis – Tab 28

In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. CPT code 72190 was identified by this screen and CPT code 72170 was added as part of the family. In January 2018, the RUC recommended to crosswalk these services like other recent similar radiology recommendations for April 2018. The RUC used a similar cross-walking methodology as it did for CY 2019 codes that were rejected in the NRPM for 2019, for 7 X-ray codes that were reviewed at the April 2018 meeting for CY 2020. (CPT codes 70210, 70220, 70250, 70260, 70360, 72170 and 72190). The RUC requested that the specialties survey these seven services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

Compelling Evidence
The specialty societies presented compelling evidence based on flawed methodology for CPT code 72190 only. This code is CMS/Other sourced as identified by the screen. Therefore, how the times and values were established is unknown or flawed. The RUC accepted compelling evidence for 72190 based on flawed methodology.

72170 ***Radiologic examination, pelvis; 1 or 2 views***
The RUC reviewed the survey results from 54 radiologists and orthopaedic surgeons and determined that the current work RVU of 0.17, which falls below the survey 25th percentile, appropriately accounts for the physician work involved to perform this service. The RUC recommends 1 minute pre-service time, 4 minutes intra-service time, and 1 minute immediate post-service time.

The RUC noted that CPT code 72170 is in the family of X-ray codes used to evaluate the pelvis-only, distinct from the set of codes created for the hips in which the pelvis was bundled in and is typically performed as a one view pelvis radiograph. Thus, the survey code reflects lower intensity and less physician work when compared to both the top key reference service 73502 *Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views* (work RVU = 0.22, 4 minutes intra-service time) and the second highest key reference service 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time). A single view is typical for the survey code and therefore the key reference services will almost always include more views.

To further justify a work RVU of 0.17, the RUC compared CPT code 72170 to CPT code 73110 *Radiologic examination, wrist; complete, minimum of 3 views* (work RVU = 0.17, 4 minutes intra-service time) and noted that the studies should be valued similarly given the identical

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service times and intensity of physician work despite the variance in views. Thus, the RUC agreed that the current work RVU of 0.17 for CPT code 72170 should be maintained. **The RUC recommends a work RVU of 0.17 for CPT code 72170.**

72190 *Radiologic examination, pelvis; complete, minimum of 3 views*
The RUC reviewed the survey results from 54 radiologists and orthopaedic surgeons and determined that the survey 25th percentile work RVU of 0.25 accurately reflects the physician work necessary for this service. CPT code 72190 is in the family of x-ray codes used to evaluate the pelvis-only. Typical number of views is a three-view exam. The RUC recommends 1 minute pre-service time, 5 minutes intra-service time, and 1 minute immediate post-service time. While questions were raised regarding the additional minute of intra-service time as compared to other X-ray codes, the RUC supports the validity of the survey data and relies upon the survey respondents to accurately account for the times involved in the service. The RUC further noted that the 0.08 RVU increment between the two codes in the family is appropriate recognizing that 3 views is typical for the survey code.

The RUC compared CPT code 72190 to both the top key reference service 73502 *Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views* (work RVU = 0.22, 4 minutes intra-service time) and the second highest key reference service 73552 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time) and agreed that these codes appropriately bracket the survey code. The survey code is also bracketed by the two MPC codes 70355 *Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time) and 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time).

To further justify the recommendation, the RUC compared CPT code 72190 to MPC code 93922 *Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries…* (work RVU = 0.25, 5 minutes intra-service time) and noted that the services have identical intra-service times and involve the same amount of physician work while the survey code has twice the intensity/complexity as the comparison code.

The RUC concluded that CPT code 72190 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.25 for CPT code 72190.**

Practice Expense
These services were reviewed and approved by the PE Subcommittee in April 2018. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
72170 **(f)**	Radiologic examination, pelvis; 1 or 2 views	XXX	0.17 (No Change)
72190	Radiologic examination, pelvis; complete, minimum of 3 views	XXX	0.25

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Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72170 Tracking Number

Original Specialty Recommended RVU: **0.22**
Presented Recommended RVU: **0.17**
RUC Recommended RVU: **0.17**

Global Period: XXX Current Work RVU: **0.17**

CPT Descriptor: Radiologic examination, pelvis; 1 or 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old female slips and falls and has pain over her superior pubic ramus. A radiological examination is performed to evaluate for fracture of the pelvis.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the examination findings to previous studies, if applicable. Interpretation includes evaluation of fractures, dislocations, erosions, joint diseases including degenerative changes or erosions, bone lesions, and the included pelvis soft tissues. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons		
CPT Code:	72170		
Sample Size:	1500	**Resp N:** 54	**Response:** 3.6 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	5.00	50.00	**100.00**	200.00	1000.00
Survey RVW:	0.16	0.22	**0.24**	0.28	0.50
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**4.00**	5.00	20.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72170	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73502	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,813

CPT Descriptor 2 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 55.5 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 72170	Top Key Reference CPT Code: 73502	2nd Key Reference CPT Code: **73522**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	4.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**6.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	60%	30%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	23%	57%	20%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	87%	10%
Physical effort required	7%	90%	3%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	70%	23%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	27%	55%	18%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	91%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	91%	9%
Physical effort required	18%	82%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	64%	18%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The pelvis X-ray code, 72190 *(Radiologic examination, pelvis; complete, minimum of 3 views)* was identified by the CMS-Other - Utilization over 30,000 screen. The pelvis X-ray code, 72170 *(Radiologic examination, pelvis; 1 or 2 views)* is being reviewed as part of the family. This code family was initially addressed at the April 2018 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this family for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendations

The specialties recommend re-affirmation of the 2011 RUC approved work RVU of 0.17 for CPT code 72170. This is below the survey 25th percentile work RVU.

Time Recommendation

The specialties recommend the survey median intra-service time of 4 minutes. We recommend 1 minute of pre-service and 1 minute of post-service, which is a reduction from the survey median times, but is typical for recently-reviewed X-ray procedures. This is a total recommended time of 6 minutes (1 pre, 4 intra, 1 post) for CPT code 72170.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73502** *(Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views)*, chosen by 56% of respondents, and
- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views)*, chosen by 20% of respondents.

CPT code 72170 compares well with the most commonly chosen key reference service, 73502, having identical pre, intra, and post-service time, but slightly lower IWPUT and work RVU. This is because a single view is typical for 72170 and therefore the KRS 73502 will almost always have more views to review. 72170 also compares well with the second most commonly chosen key reference service, 73522. The 73522 code has 1 additional minute of intra-service time and higher IWPUT, resulting in appropriately higher work RVU because 73522 entails obtaining 3-4 views, more than the 1-2 views for 72170.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72170	**Radiologic examination, pelvis; 1 or 2 views**	**0.17**	**1**	**4**	**1**	**6**	**0.0313**
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	0.22	1	4	1	6	0.0438
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490

MPC Codes

The surveyed code compares well with two MPC codes:

- 70355 *(Orthopantogram (eg, panoramic x-ray))* and
- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view)*

The surveyed code compares well to these two MPC codes. It has one less minute of intra-service time compared with MPC code 70355, consistent with the slightly lower IWPUT and work RVU. The surveyed code has one less minute of intra-service time compared with MPC code 72081, accounting for the lower work RVU. MPC code 72081 includes imaging of a considerably larger amount of anatomy, extending from the skull through the sacral spine, accounting for the 1 minute of additional time, greater intensity, and higher work RVU.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
72170	**Radiologic examination, pelvis; 1 or 2 views**	**0.17**	**1**	**4**	**1**	**6**	**0.0313**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend reaffirmation of the RUC 2011 approved work RVU of 0.17, with service period times of 1, 4, and 1 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 72170 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72170

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2442453
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72170 provided nationally in a one-year period is estimated to be 2,442,453.

Specialty Diagnostic Radiology Frequency 1607300 Percentage 65.80 %

Specialty Orthopedic Surgery Frequency 558530 Percentage 22.86 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 814,151 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 72170 is estimated to be provided 814,151 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 535770 Percentage 65.80 %

Specialty Orthopedic Surgery Frequency 186180 Percentage 22.86 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72170

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72190 Tracking Number Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
Global Period: XXX Current Work RVU: **0.21** RUC Recommended RVU: **0.25**

CPT Descriptor: Radiologic examination, pelvis; complete, minimum of 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old female status post pelvic fracture repair has follow-up radiographs obtained to assess fracture healing and alignment.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: Supervise technologist performing the examination. Interpret the examination and compare the examination findings to previous studies, if applicable. Interpretation includes evaluation of fractures, dislocations, erosions, joint diseases including degenerative changes or erosions, bone lesions, and the included pelvis soft tissues. Dictate report for the medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons		
CPT Code:	72190		
Sample Size:	1500	**Resp N:** 54	**Response:** 3.6 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	25.00	**60.00**	115.00	1000.00
Survey RVW:	0.22	0.25	**0.29**	0.31	0.75
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**5.00**	8.00	25.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72190	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73502	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,813

CPT Descriptor 2 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 57.4 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 72190	Top Key Reference CPT Code: 73522	2nd Key Reference CPT Code: **73502**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	5.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**7.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	55%	32%	3%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	65%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	84%	16%
Physical effort required	6%	94%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	61%	35%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	75%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	83%	17%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	83%	17%
Physical effort required	0%	83%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	83%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The pelvis x-ray code, 72190 *(Radiologic examination, pelvis; complete, minimum of 3 views)* was identified by the CMS-Other - Utilization over 30,000 screen. The pelvis X-ray code, 72170 *(Radiologic examination, pelvis; 1 or 2 views)* is being reviewed as part of the family. This code family was initially addressed at the April 2018 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this family for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 72190 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology. Additionally, the patient population and physician work for this code has changed since as a result of the X-ray hip codes, with pelvis when performed, which were surveyed in 2015. X-rays of the pelvis, when performed with X-rays of the hip, are typically performed for patients with hip pain. These patients usually have chronic symptoms, and any significant abnormalities most likely involve the hip joints. In comparison, X-rays of the pelvis, when performed without X-rays of the hip, are typically performed in the trauma setting. The latter represents a more acute patient setting and requires evaluation for potentially subtle fractures of any of the pelvis skeletal structures.

Work RVU Recommendations

The specialties recommend a work RVU of 0.25 for CPT code 72190, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median intra-service time of 5 minutes. We recommend 1 minute of pre-service and 1 minute of post-service, which is a reduction from the survey median times, but is typical for recently-reviewed X-ray procedures. This is a total recommended time of 7 minutes (1 pre, 5 intra, 1 post) for CPT code 72190.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views),* chosen by 57% of respondents, and
- **73502** *(Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views),* chosen by 22% of respondents.

CPT code 72190 is bracketed by the two most commonly chosen key reference services, and compares well with these. The most commonly chosen key reference service, 73522, also entails at least three views and an identical amount of time, although it has higher IWPUT given imaging of a larger amount of anatomy (the pelvis as well as the hips). The second most commonly chosen key reference service, 73502, has one minute less of intra-service time, though it may be performed using fewer views, accounting for the slightly lower work RVU.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	0.22	1	4	1	6	0.0438
72190	**Radiologic examination, pelvis; complete, minimum of 3 views**	**0.25**	**1**	**5**	**1**	**7**	**0.0410**
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490

MPC Codes

The surveyed code compares well with two MPC codes:

- 70355 *(Orthopantogram (eg, panoramic x-ray))* and
- 72081 *(Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view)*

The surveyed code is bracketed by these two MPC codes. It has identical intra-service time but one more minute of pre-service time than the MPC code 70355, as well as higher IWPUT accounting for the slightly higher work RVU. The surveyed code may contain 1 or 2 views, in comparison with the MPC code containing 1 view, and also covers an anatomically larger region, accounting for the higher IWPUT. The surveyed code has identical time with MPC code 72081, although slightly lower IWPUT, accounting for the slightly lower work RVU. The MPC code, 72081, includes imaging of a wider range of distinct anatomic regions, extending from the skull through the sacral spine, in comparison with overlapping anatomy between the multiple views of the surveyed code, accounting for the slightly higher IWPUT and work RVU.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72190	**Radiologic examination, pelvis; complete, minimum of 3 views**	**0.25**	**1**	**5**	**1**	**7**	**0.0410**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.25, with service period times of 1, 5, and 1 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) CPT code 72190 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72190

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 164139
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72190 provided nationally in a one-year period is estimated to be 164,139.

Specialty Diagnostic Radiology Frequency 95510 Percentage 58.18 %

Specialty Orthopedic Surgery Frequency 45230 Percentage 27.55 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 54,713
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 72190 is estimated to be provided 54,713 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 31835 Percentage 58.18 %

Specialty Orthopedic Surgery Frequency 15075 Percentage 27.55 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72190

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Exam Pelvis

TAB: 28

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	30	0.0438			0.22			6	1					4			1					
2nd REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	11	0.0490			0.29			7	1					5			1					
Apr-11	72170	Radiologic examination, pelvis; 1 or 2 views		0.0257			0.17			7	1					4			2					
SVY	72170	Radiologic examination, pelvis; 1 or 2 views	54	0.0376	0.16	0.22	0.24	0.28	0.50	8	2			1	3	4	5	20	2	5	50	100	200	1000
SVY - ACR	72170	Radiologic examination, pelvis; 1 or 2 views	29	0.0584	0.18	0.21	0.22	0.27	0.50	5	1			1	2	3	5	10	1	30	100	150	250	1000
SVY - Subset	72170	Radiologic examination, pelvis; 1 or 2 views	20	0.0584	0.18	0.21	0.22	0.27	0.50	5	1			1	2	3	5	10	1	30	100	125	213	1000
SVY - Random	72170	Radiologic examination, pelvis; 1 or 2 views	9	0.0468	0.19	0.22	0.23	0.27	0.28	7	2			1	2	3	4	5	2	40	57	200	600	800
SVY - AAOS	72170	Radiologic examination, elbow; 2 views	25	0.0142	0.16	0.22	0.25	0.28	0.40	13	3			1	4	5	10	20	5	5	40	50	100	300
REC	72170	Radiologic examination, pelvis; 1 or 2 views		0.0313			0.17			6	1					4			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	31	0.0490			0.29			7	1					5			1					
2nd REF	73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	12	0.0438			0.22			6	1					4			1					
CMS/Other	72190	Radiologic examination, pelvis; complete, minimum of 3 views		#DIV/0!			0.21			6														
SVY	72190	Radiologic examination, pelvis; complete, minimum of 3 views	54	0.0401	0.22	0.25	0.29	0.31	0.75	9	2			1	3	5	8	25	2	2	25	60	115	1000
SVY - ACR	72190	Radiologic examination, pelvis; complete, minimum of 3 views	29	0.0784	0.22	0.23	0.28	0.29	0.75	5	1			1	3	3	5	12	1	2	50	100	180	1000
SVY - Subset	72190	Radiologic examination, pelvis; complete, minimum of 3 views	20	0.0651	0.22	0.22	0.24	0.29	0.75	5	1			1	3	3	5	12	1	2	48	100	158	1000
SVY - Random	72190	Radiologic examination, pelvis; complete, minimum of 3 views	9	0.0501	0.25	0.28	0.29	0.29	0.30	8	2			2	3	4	5	7	2	5	50	100	200	700
SVY - AAOS	72190	Radiologic examination, pelvis; complete, minimum of 3 views	25	0.0141	0.22	0.30	0.30	0.32	0.50	16	4			3	5	7	15	25	5	5	15	50	100	250
REC	72190	Radiologic examination, pelvis; complete, minimum of 3 views		0.0410			0.25			7	1					5			1					

CPT Code: 72170, 72190
Specialty Society(s): ACR, AAOS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

72170	Radiologic examination, pelvis; 1 or 2 views
72190	Radiologic examination, pelvis; complete, minimum of 3 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) and American Academy of Orthopaedic Society (AAOS) convened a consensus panel to finalize the practice expense data for the X-Ray exam pelvis code family, CPT codes 72170 and 72190.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for codes 72170 and 72190 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   These codes are not typically billed with an E/M service.
   These codes are typically billed with an E/M service in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
72170	ORTHOPEDIC SURGERY	62%	DIAGNOSTIC RADIOLOGY	66%
72190	ORTHOPEDIC SURGERY	60%	DIAGNOSTIC RADIOLOGY	58%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.
   N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here:
   N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: We are not requesting time for obtaining vital signs.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's pelvis. Position the patient for the first view (typically the AP view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from pelvis and place second cassette under the patient. Position patient for second view (typically an oblique view of one of the joints). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under the pelvis. For the complete (minimum of 3 views) examination, the above process is repeated for each additional view (for example inlet/outlet, Judet, oblique, etc.) until the examination is complete. All cassettes are then taken to the image reader. Run all cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    For CPT code 72190, the following clinical staff times were increased to the standard/baseline minutes:
    - CA013 – Prepare room, equipment, and supplies (2 mins is standard)
    - CA016 – Prepare, set up and start IV, initial positioning and monitoring of patient (2 mins is standard)
    - CA024 – Clean room/equipment by clinical staff (3 mins is standard)
    - CA030 **–** Technologist QC's images in PACS, checking for all images, reformats, and dose page (2 mins is baseline)
    - CA031 – Review examination with interpreting MD/DO (2 mins is baseline)
    - CA032 – Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue. (1 min is baseline)

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	I	K	M	O
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2		***C. For more complete information about summaries and guidelines***			**72170**	**72170**	**72190**	**72190**
3		***RUC Collaboration Website***			Radiologic examination, pelvis; 1 or 2 views **(Apr 2015)**	Radiologic examination, pelvis; 1 or 2 views **(Jan 2019)**	Radiologic examination, pelvis; complete, minimum of 3 views **(Aug 2003)**	Radiologic examination, pelvis; complete, minimum of 3 views **(Jan 2019)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 28 X-Ray Pelvis Specialty: ACR, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**				
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**			**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 8.39**	**$ 6.56**	**$ 13.09**	**$ 10.33**
8		**TOTAL CLINICAL STAFF TIME**			**22.0**	**15.0**	**20.0**	**21.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**4.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**			**18.0**	**15.0**	**20.0**	**21.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**			**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery or procedure made**						
20	CA006	Confirm availability of prior images/studies	**L041B**	Radiologic Technologist	**2**			
21	CA007	Review patient clinical extant information and questionnaire	**L041B**	Radiologic Technologist	**2**			
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist	**3**		**3**	
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	**2**	**2**	**1**	**2**
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	**2**	**2**	**1**	**2**
41	CA017	Sedate/apply anesthesia						
48		**Intra-service (of service period)**						
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)						
50	CA019	Assist physician or other qualified healthcare professional---directly						
51	CA020	Assist physician or other qualified healthcare professional---directly						
52	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	**3**	**3**	**9**	**9**
59		**Post-Service (of service period)**						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	**3**	**3**	**2**	**3**
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	**2**	**2**	**4**	**2**
69	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist	**2**	**2**		**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist	**1**	**1**		**1**
71	CA033	Perform regulatory mandated quality assurance activity (service period)						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
73	CA035	Review home care instructions, coordinate visits/prescriptions						
74	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**
81		**End: Patient leaves office**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
99		**End: with last office visit before end of global period**						
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ 0.55**	**$ -**	**$ 0.55**	**$ -**
102	SB026	gown, patient	0.547	item	**1**		**1**	
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ 7.85**	**$ 6.56**	**$ 12.54**	**$ 10.33**
112	ED050	Technologist PACS workstation	5557	PACS	**18**	**15**	**20**	**21**
113	ED053	Professional PACS Workstation	14829.6153	Other Formula	**5**	**5**	**3**	**6**
114	EL012	room, basic radiology	157366.593	Highly Technical	**12**	**10**	**20**	**16**
115								
116								
117								
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Sacrum – Tab 29

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data. CPT code 72220 was identified by this screen and the family was expanded to include sacroiliac X-ray codes 72200 and 72202. The Workgroup recommended that the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time. In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommends in lieu of conducting a RUC survey. In the NPRM for 2019, CMS disagreed with the RUC recommended work RVUs for 20 CPT codes included in the X-Ray Spine, X-Ray Sacrum, X-Ray Elbow-Forearm, X-Ray Heel and X-Ray Toe code families. CMS proposed the same work RVU of 0.23 for all 20 services based on a utilization-weighted average. The RUC recommended for CMS to maintain the CY 2018 work RVU for all 20 services on an interim basis and requested that the specialties survey all 20 services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

Compelling Evidence
The specialty societies presented compelling evidence based on flawed methodology. This family of codes is CMS/Other sourced as identified by the screen. Therefore, how the times and values were established is unknown or flawed. The RUC accepted compelling evidence based on flawed methodology.

72200 ***Radiologic examination, sacroiliac joints; less than 3 views***
The RUC reviewed the survey results from 67 radiologists and rheumatologists and determined that the survey 25th percentile work RVU of 0.20 accurately reflects the physician work necessary for this service. The RUC recommends 1 minute pre-service time, 4 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 72200 to the top key reference service 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time, 7 minutes total time) and noted that the survey code involves evaluation of bilateral diarthrodial joint articulations supporting the junction of the spine and pelvis and typically requires two views. Survey respondents appropriately assigned this code lesser intra-service time and intensity and a lower physician work valuation compared to the key reference service which is three or more views evaluating the bilateral hip joints. Evaluation of the bilateral sacroiliac joints and articulations are more complex compared to

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the second highest key reference service 73562 *Radiologic examination, knee; 3 views* (work RVU = 0.18, 4 minutes intra-service time, 6 minutes total time) which involves evaluation of only one knee, thus the survey code is appropriately valued higher.

For additional support, the RUC noted that CPT code 72200 is bracketed by two MPC codes 93042 *Rhythm ECG, 1-3 leads; interpretation and report only* (work RVU = 0.15, 3 minutes intra-service time, 7 minutes total time) and 70355 *(Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time, 6 minutes total time). The ECG code has one minute less of total time with an appropriately lower amount of physician work and intensity. The panoramic code is a one-view examination that evaluates both the mandible and the maxilla and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 1 minute more of intra-service time with identical total time and the same amount of physician work.

The RUC concluded that CPT code 72200 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.20 for CPT code 72200.**

72202 *Radiologic examination, sacroiliac joints; 3 or more views*

The RUC reviewed the survey results from 70 radiologists and rheumatologists and determined that the survey 25th percentile work RVU of 0.26 accurately reflects the physician work necessary for this service. The RUC recommends 1 minute pre-service time, 4 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 72202 to the top key reference service 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time, 7 minutes total time) and noted that the survey code involves evaluation of bilateral diarthrodial joint articulations supporting the junction of the spine and pelvis and typically requires three views. Survey respondents appropriately assigned this code a lesser intra-service time and lower physician work valuation compared to the key reference service which is three or more views evaluating the bilateral hip joints. Evaluation of the bilateral sacroiliac joints and articulations is more complex compared to the second highest key reference service 73562 *Radiologic examination, knee; 3 views* (work RVU = 0.18, 4 minutes intra-service time, 6 minutes total time) which involves evaluation of only one knee. The additional view in this code compared to the survey code is appropriately reflected in the greater intensity and physician work valuation and maintains relativity in the family.

For additional support, the RUC noted that CPT code 72202 is bracketed by two MPC codes 70355 *(Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time, 6 minutes total time) and 72081 *Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view* (work RVU = 0.26, 5 minutes intra-service time, 7 minutes total time). The panoramic code is a one-view examination that evaluates both the mandible and the maxilla and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 1 more minute of intra-service time but identical total time. The spine code is also a one-view examination that covers a larger area although is a more focused examination compared to evaluation of the articulating SI joints in the surveyed code.

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The RUC noted the similar times and values to the pelvis (CPT codes 72170 and 72190) and concluded that CPT code 72202 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.26 for CPT code 72202.**

72220 ***Radiologic examination, sacrum and coccyx, minimum of 2 views***
The RUC reviewed the survey results from 55 radiologists and rheumatologists and determined that the survey 25th percentile work RVU of 0.20 accurately reflects the physician work necessary for this service. The RUC recommends 1 minute pre-service time, 3 minutes intra-service time, and 1 minute immediate post-service time.

The RUC compared CPT code 72220 to the top key reference service 73522 *Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views* (work RVU = 0.29, 5 minutes intra-service time, 7 minutes total time) and noted that the survey code involves evaluation of the fused sacrum and coccyx forming the tail bone as well as the associated joint articulations and typically requires two views. Survey respondents appropriately assigned this code lesser intra-service time and intensity and a lower physician work valuation compared to the key reference service which is three or more views evaluating the bilateral hip joints. Evaluation of the sacrococcygeal structures and articulations is more complex compared to the second highest key reference service 73562 *Radiologic examination, knee; 3 views* (work RVU = 0.18, 4 minutes intra-service time, 6 minutes total time) which involves evaluation of only one knee.

For additional support, the RUC noted that CPT code 72220 is bracketed by two MPC codes 93042 *Rhythm ECG, 1-3 leads; interpretation and report only* (work RVU = 0.15, 3 minutes intra-service time, 7 minutes total time) and 70355 *(Orthopantogram (eg, panoramic x-ray)* (work RVU = 0.20, 5 minutes intra-service time, 6 minutes total time). The ECG code has identical intra-service time with an appropriately lower intensity due to the differences in physician work. The panoramic code is a one-view examination that evaluates both the mandible and the maxilla and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time and 1 more minute of total time, but identical physician work valuation.

The RUC concluded that CPT code 72220 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.20 for CPT code 72220.**

Practice Expense
The Practice Expense Subcommittee made a single edit to line 52 to insert radiologic technologist. These services were reviewed and approved by the PE Subcommittee in April 2017. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
72200 **(f)**	Radiologic examination, sacroiliac joints; less than 3 views	XXX	0.20
72202 **(f)**	Radiologic examination, sacroiliac joints; 3 or more views	XXX	0.26
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	XXX	0.20

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Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72200 Tracking Number

Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
RUC Recommended RVU: **0.20**

Global Period: XXX Current Work RVU: **0.17**

CPT Descriptor: Radiologic examination, sacroiliac joints; less than 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with unilateral sacroiliac joint pain and suspected inflammatory arthritis. AP and an oblique view of the symptomatic sacroiliac joint are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 72%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019				
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Timothy Laing, MD				
Specialty(s):	American College of Radiology, American College of Rheumatology				
CPT Code:	72200				
Sample Size:	3000	**Resp N:**	67	**Response:** 2.2 %	
Description of Sample:	The ACR surveyed a total of 2,000 members (a random sample of 1,000 members and a separate random sample of 1,000 members who perform radiography or musculoskeletal procedures). The ACRh surveyed a random sample of 1,000 members.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**20.00**	50.00	400.00
Survey RVW:	0.15	0.20	**0.27**	0.30	6.40
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**4.00**	5.00	30.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72200	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93042	XXX	0.15	**RUC Time**	372,803

CPT Descriptor 1 Rhythm ECG, 1-3 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 38.8 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 19.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 72200	Top Key Reference CPT Code: 73522	2nd Key Reference CPT Code: **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	5.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**7.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	88%	4%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	19%	77%	4%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	73%	23%
Physical effort required	0%	96%	4%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	69%	15%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	54%	46%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	77%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	69%	31%
Physical effort required	0%	92%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	62%	23%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The sacrum and coccyx X-ray code, 72220 *(Radiologic examination, sacrum and coccyx, minimum of 2 views)* was identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include sacroiliac X-ray codes 72200 *(Radiologic examination, sacroiliac joints; less than 3 views)* and 72202 *(Radiologic examination, sacroiliac joints; 3 or more views).* This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 2,000 members (a random sample of 1,000 members and a separate random sample of 1,000 members who perform radiography or musculoskeletal procedures). The American College of Rheumatology surveyed a random sample of 1,000 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 72200 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.20 for CPT code 72200, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median intra-time of 4 minutes. We recommend 1 minute of pre-service and 1 minute of post-service, which is a reduction from the survey median times, but is typical for recently reviewed X-ray procedures. This is a total recommended time of 6 minutes (1 pre, 4 intra, 1 post) for CPT code 72200.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views),* chosen by 39% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views),* chosen by 19% respondents.

The surveyed code involves evaluation of bilateral diarthrodial joint articulations supporting the junction of the spine and pelvis and typically requires two views. Survey respondents appropriately assigned this code a lesser intra-service time, lower RVU and lower IWPUT compared to the commonly chosen key reference service, CPT code 73522, which is three or more views evaluating the bilateral hip joints. Evaluation of the bilateral sacroiliac joints and articulations is more complex compared to the second most commonly chosen key reference service, CPT code 73562, which involves evaluation of only one knee.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT

73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338
72200	**Radiologic examination, sacroiliac joints; less than 3 views**	**0.20**	**1**	**4**	**1**	**6**	**0.0388**
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490

MPC Codes

The surveyed code is bracketed by two MPC codes 93042 *(Rhythm ECG, 1-3 leads; interpretation and report only)* and 70355 *(Orthopantogram (eg, panoramic x-ray)).* The ECG code has one minute less of total time with an appropriately lower RVU and IWPUT. The panorex code is a one-view examination that evaluates both the mandible and the maxilla and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 1 more minute of intra-service time with identical total time and work RVU.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
93042	Rhythm ECG, 1-3 leads; interpretation and report only	0.15	2	3	2	7	0.0201
72200	**Radiologic examination, sacroiliac joints; less than 3 views**	**0.20**	**1**	**4**	**1**	**6**	**0.0388**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.20, with service period times of 1, 4, and 1 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72200

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Rheumatology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 45420
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72200 provided nationally in a one-year period is estimated to be 45,420.

Specialty Diagnostic Radiology Frequency 30890 Percentage 68.00 %

Specialty Rheumatology Frequency 3410 Percentage 7.50 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 15,140
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates that CPT code 72200 is billed approximately 15,140 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 10300 Percentage 68.03 %

Specialty Rheumatology Frequency 1140 Percentage 7.52 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72200

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72202 Tracking Number

Original Specialty Recommended RVU: **0.26**
Presented Recommended RVU: **0.26**
RUC Recommended RVU: **0.26**

Global Period: XXX Current Work RVU: **0.19**

CPT Descriptor: Radiologic examination, sacroiliac joints; 3 or more views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with bilateral sacroiliac joint pain and suspected ankylosing spondylitis. AP and bilateral oblique views of the sacroiliac joints are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 73%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the sacroiliac joints are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; Timothy Laing, MD		
Specialty(s):	American College of Radiology, American College of Rheumatology		
CPT Code:	72202		
Sample Size:	3000	**Resp N:** 70	**Response:** 2.3 %
Description of Sample:	The ACR surveyed a total of 2,000 members (a random sample of 1,000 members and a separate random sample of 1,000 members who perform radiography or musculoskeletal procedures). The ACRh surveyed a random sample of 1,000 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	12.00	**25.00**	60.00	1000.00
Survey RVW:	0.16	0.26	**0.29**	0.32	6.40
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**4.00**	6.00	30.00

Immediate Post Service-Time:	**2.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72202	**Recommended Physician Work RVU: 0.26**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**4.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 1 Orthopantogram (eg, panoramic x-ray)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
72081	XXX	0.26	**RUC Time**	10,813

CPT Descriptor 2 Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 36 **% of respondents:** 51.4 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 8.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 72202	Top Key Reference CPT Code: 73522	2nd Key Reference CPT Code: **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	4.00	5.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**6.00**	**7.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	72%	14%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	75%	14%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	64%	31%
Physical effort required	3%	86%	11%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	22%	61%	17%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	100%	0%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	100%	0%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The sacrum and coccyx X-ray code, 72220 *(Radiologic examination, sacrum and coccyx, minimum of 2 views)* was identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include sacroiliac X-ray codes 72200 *(Radiologic examination, sacroiliac joints; less than 3 views)* and 72202 *(Radiologic examination, sacroiliac joints; 3 or more views)*. This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 2,000 members (a random sample of 1,000 members and a separate random sample of 1,000 members who perform radiography or musculoskeletal procedures). The American College of Rheumatology surveyed a random sample of 1,000 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 72202 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.26 for CPT code 72202, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median intra-time of 4 minutes. We recommend 1 minute of pre-service and 1 minute of post-service, which is a reduction from the survey median times, but is typical for recently reviewed X-ray procedures. This is a total recommended time of 6 minutes (1 pre, 4 intra, 1 post) for CPT code 72202.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views)*, chosen by 51% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views)*, chosen by 9% respondents.

The surveyed code involves evaluation of bilateral diarthrodial joint articulations supporting the junction of the spine and pelvis and typically requires three views. Survey respondents appropriately assigned this code a lesser intra-service time and lower RVU compared to the commonly chosen key reference service, CPT code 73522, which is three or more views evaluating the bilateral hip joints. Evaluation of the bilateral sacroiliac joints and articulations is more complex compared to the second most commonly chosen key reference service, CPT code 73562, which involves evaluation of only one knee. The additional view in this code compared to 72202 *(Radiologic examination, sacroiliac joints; less than 3 views)* is appropriately reflected in the greater RVU and IWPUT and maintains relativity in the family.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73562	Radiologic examination, knee; 3	0.18	1	4	1	6	0.0338

	views						
72202	**Radiologic examination, sacroiliac joints; 3 or more views**	**0.26**	**1**	**4**	**1**	**6**	**0.0538**
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490

MPC Codes

The surveyed code is bracketed by two MPC codes 70355 *(Orthopantogram (eg, panoramic x-ray))* and 72081 (*Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view).* The panorex code is a one-view examination that evaluates both the mandible and the maxilla and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 1 more minute of intra-service time but identical total time. The spine code is also a one-view examination that covers a larger area although is a more focused examination compared to evaluation of the articulating SI joints in the surveyed code.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355
72202	**Radiologic examination, sacroiliac joints; 3 or more views**	**0.26**	**1**	**4**	**1**	**6**	**0.0538**
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	0.26	1	5	1	7	0.0430

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.26, with service period times of 1, 4, and 1 minutes for CPT code 72202.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72202

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Rheumatology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 105145
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72202 provided nationally in a one-year period is estimated to be 105,145.

Specialty Diagnostic Radiology Frequency 90370 Percentage 85.94 %

Specialty Rheumatology Frequency 4145 Percentage 3.94 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 35,050
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates that CPT code 72202 is billed approximately 35,050 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 30125 Percentage 85.94 %

Specialty Rheumatology Frequency 1380 Percentage 3.93 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72202

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:72220 Tracking Number

Original Specialty Recommended RVU: **0.20**
Presented Recommended RVU: **0.20**
RUC Recommended RVU: **0.20**

Global Period: XXX Current Work RVU: **0.17**

CPT Descriptor: Radiologic examination, sacrum and coccyx, minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with sacral/coccygeal pain after a fall and suspected fracture. AP, oblique and lateral views of the sacrum and coccyx are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the sacrum and coccyx are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD		
Specialty(s):	American College of Radiology		
CPT Code:	72220		
Sample Size:	2000	**Resp N:** 55	**Response:** 2.7 %
Description of Sample:	The ACR surveyed a total of 2,000 members (a random sample of 1,000 members and a separate random sample of 1,000 members who perform radiography or musculoskeletal procedures).		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**40.00**	100.00	500.00
Survey RVW:	0.13	0.20	**0.27**	0.29	0.65
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	12.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	72220	**Recommended Physician Work RVU: 0.20**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73522	XXX	0.29	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93042	XXX	0.15	**RUC Time**	372,803

CPT Descriptor 1 Rhythm ECG, 1-3 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 41.8 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 10.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 72220	Top Key Reference CPT Code: 73522	2nd Key Reference CPT Code: **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	5.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**7.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	13%	74%	9%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	78%	9%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	4%	74%	22%
Physical effort required	4%	87%	9%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	65%	9%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	83%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	83%	17%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	67%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The sacrum and coccyx X-ray code, 72220 *(Radiologic examination, sacrum and coccyx, minimum of 2 views)* was identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include sacroiliac X-ray codes 72200 *(Radiologic examination, sacroiliac joints; less than 3 views)* and 72202 *(Radiologic examination, sacroiliac joints; 3 or more views).* This code family was addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology surveyed a total of 2,000 members (a random sample of 1,000 members and a separate random sample of 1,000 members who perform radiography or musculoskeletal procedures).

Compelling Evidence

The societies are requesting compelling evidence for CPT code 72220 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.20 for CPT code 72220, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the median survey times of 1 minute of pre-service time, 3 minutes of intra service time and 1 minute of post service time for CPT code 72220.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73522** *(Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views),* chosen by 42% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views),* chosen by 11% respondents.

The surveyed code involves evaluation of the fused sacrum and coccyx forming the tail bone as well as the associated joint articulations and typically requires two views. Survey respondents appropriately assigned this code a lesser intra-service time, lower RVU and lower IWPUT compared to the commonly chosen key reference service, CPT code 73522, which is three or more views evaluating the bilateral hip joints. Evaluation of the sacrococcygeal structures and articulations is more complex compared to the second most commonly chosen key reference service, CPT code 73562, which involves evaluation of only one knee.

The relationships are summarized in the following table:

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338
72220	**Radiologic examination, sacrum and coccyx, minimum of 2 views**	**0.20**	**1**	**3**	**1**	**5**	**0.0417**
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	0.29	1	5	1	7	0.0490

MPC Codes

The surveyed code is bracketed by two MPC codes 93042 *(Rhythm ECG, 1-3 leads; interpretation and report only)* and 70355 *Orthopantogram (eg, panoramic x-ray).* The ECG code has identical intra-service time with an appropriately lower IWPUT due to the differences in physician work. The panorex code is a one-view examination that evaluates both the mandible and the maxilla and is familiar to radiologists. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time and 1 more minute of total time, but identical work RVU.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
93042	Rhythm ECG, 1-3 leads; interpretation and report only	0.15	2	3	2	7	0.0201
72220	**Radiologic examination, sacrum and coccyx, minimum of 2 views**	**0.20**	**1**	**3**	**1**	**5**	**0.0417**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations

The specialties recommend the survey 25th percentile work RVU of 0.20, with service period times of 1, 3, and 1 minutes for CPT code 72220.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in

the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 72220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 358605
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 72220 provided nationally in a one-year period is estimated to be 358,605.

Specialty Diagnostic Radiology Frequency 270580 Percentage 75.45 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 119,535 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates that CPT code 72220 is billed approximately 119,535 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 90194 Percentage 75.45 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 72220

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Sacrum

TAB: 29

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	26	0.0490			0.29			7	1					5			1					
2nd REF	73562	Radiologic examination, knee; 3 views	13	0.0338			0.18			6	1					4			1					
CMS/Other	72200	Radiologic examination, sacroiliac joints; less than 3 views		#DIV/0!			0.17			5														
SVY	72200	Radiologic examination, sacroiliac joints; less than 3 views	67	0.0451	0.15	0.20	0.27	0.30	6.40	8	2			1	3	4	5	30	2	0	5	20	50	400
SVY - ACR	72200	Radiologic examination, sacroiliac joints; less than 3 views	54	0.0751	0.15	0.20	0.27	0.29	0.65	5	1			1	2	3	5	11	1	0	6	20	50	400
SVY - Subset	72200	Radiologic examination, sacroiliac joints; less than 3 views	39	0.0613	0.15	0.20	0.29	0.29	0.65	6	1			1	3	4	5	11	1	0	8	20	50	400
SVY - Random	72200	Radiologic examination, sacroiliac joints; less than 3 views	15	0.0443	0.16	0.18	0.20	0.28	0.50	6	2			1	2	3	5	10	1	0	8	12	40	200
SVY - ACRh	72200	Radiologic examination, sacroiliac joints; less than 3 views	13	0.0152	0.23	0.25	0.30	0.35	6.40	15	5			2	5	5	10	30	5	0	5	15	30	100
REC	72200	Radiologic examination, sacroiliac joints; less than 3 views		0.0388			0.20			6	1					4			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	36	0.0490			0.29			7	1					5			1					
2nd REF	73562	Radiologic examination, knee; 3 views	6	0.0338			0.18			6	1					4			1					
CMS/Other	72202	Radiologic examination, sacroiliac joints; 3 or more views		#DIV/0!			0.19			6														
SVY	72202	Radiologic examination, sacroiliac joints; 3 or more views	70	0.0501	0.16	0.26	0.29	0.32	6.40	8	2			1	3	4	6	30	2	0	12	25	60	1000
SVY - ACR	72202	Radiologic examination, sacroiliac joints; 3 or more views	55	0.0613	0.16	0.24	0.29	0.30	0.80	6	1			1	3	4	5	15	1	0	14	25	68	1000
SVY - Subset	72202	Radiologic examination, sacroiliac joints; 3 or more views	40	0.0613	0.17	0.26	0.29	0.30	0.65	6	1			1	3	4	5	15	1	0	14	25	50	1000
SVY - Random	72202	Radiologic examination, sacroiliac joints; 3 or more views	15	0.0501	0.16	0.19	0.29	0.30	0.80	8	2			1	2	4	5	10	2	1	16	40	88	200
SVY - ACRh	72202	Radiologic examination, sacroiliac joints; 3 or more views	15	0.0096	0.24	0.31	0.32	0.35	6.40	20	5			2	5	10	15	30	5	0	9	25	50	150
REC	72202	Radiologic examination, sacroiliac joints; 3 or more views		0.0538			0.26			6	1					4			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	23	0.0490			0.29			7	1					5			1					
2nd REF	73562	Radiologic examination, knee; 3 views	6	0.0338			0.18			6	1					4			1					
CMS/Other	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views		#DIV/0!			0.17			5														
SVY	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	55	0.0751	0.13	0.20	0.27	0.29	0.65	5	1			1	2	3	5	12	1	0	15	40	100	500
SVY - Subset	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	40	0.0709	0.13	0.20	0.28	0.29	0.65	6	1			1	2	3	5	12	2	1	15	38	100	250
SVY - Random	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	15	0.0609	0.16	0.19	0.25	0.29	0.50	6	2			1	2	3	5	10	1	0	13	50	90	500
REC	72220	Radiologic examination, sacrum and coccyx, minimum of 2 views		0.0517			0.20			5	1					3			1					

CPT Code: 72200, 72202, 72220
Specialty Society: ACR, ACRh

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

72200	Radiologic examination, sacroiliac joints; less than 3 views
72202	Radiologic examination, sacroiliac joints; 3 or more views
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) and the American College of Rheumatology (ACRh) convened a consensus panel to finalize the practice expense data for x-ray of the sacroiliac joints or x-ray of the sacrum, CPT codes 72200, 72202, and 72220.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for codes 72200, 72202, 72220 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   These codes are not typically billed with an E/M service in the nonfacility or in the global.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
72200	DIAGNOSTIC RADIOLOGY	28%	DIAGNOSTIC RADIOLOGY	68%
72202	DIAGNOSTIC RADIOLOGY	56%	DIAGNOSTIC RADIOLOGY	86%
72220	DIAGNOSTIC RADIOLOGY	30%	DIAGNOSTIC RADIOLOGY	76%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   The increase in aggregate cost is a result of the increase in physician time, per the multispecialty RUC survey. This correlates to the increase in professional PACS workstation time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:
   We are requesting 0 minutes for obtaining vital signs.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   72200: X-ray sacroiliac joints; less than 3 views
   Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for the first view (typically the AP view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under sacroiliac joints and place second cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for second view (typically an oblique view of one of the joints). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under sacroiliac joints. Both cassettes are then taken to the image reader. Run both cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

   72202: X-ray sacroiliac joints; 3 or more views
   Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for the first view (typically the AP view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under sacroiliac joints and place second cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for second view (typically an oblique view of one of the joints). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under sacroiliac joints and place third cassette under patient's sacroiliac joints. Position patient's sacroiliac joints for third view (typically an oblique view of the other joint).

Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under sacroiliac joints. The above steps are repeated for any additional sacroiliac joints views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

72220: X-ray sacrum and coccyx; minimum of 2 views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's sacrum and coccyx. Position patient's sacrum and coccyx for the first view (typically the AP view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under sacrum and coccyx and place second cassette under patient's sacrum and coccyx. Position patient's sacrum and coccyx for second view (typically an outlet view to profile the superior sacrum). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under sacrum and coccyx and place third cassette under patient's sacrum and coccyx. Position patient's sacrum and coccyx for third view (typically a lateral view). Stabilize pelvis with angle sponge to minimize motion. Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under sacrum and coccyx. The above steps are repeated for any additional sacrum and coccyx views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	I	K	M	O
1	RUC Practice Expense Spreadsheet				CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
2		*C. For more complete information about summaries and guidelines*			72200	72200	72202	72202
3		*RUC Collaboration Website*			Radiologic examination, sacroiliac joints; less than 3 views (April 2017)	Radiologic examination, sacroiliac joints; less than 3 views (Jan 2019)	Radiologic examination, sacroiliac joints; 3 or more views (April 2017)	Radiologic examination, sacroiliac joints; 3 or more views (Jan 2019)
4	Clinical Activity Code	Meeting Date: January 2019 Tab: 29 X-Ray Sacrum Specialty: ACR, ACRh	Clinical Staff Type Code	Clinical Staff Type				
5		LOCATION			Non Fac	Non Fac	Non Fac	Non Fac
6		GLOBAL PERIOD			XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME			$ 9.00	$ 9.03	$ 10.91	$ 10.88
8		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	21.0	21.0	24.0	24.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	21.0	21.0	24.0	24.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE			$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD						
14		Start: Following visit when decision for surgery or procedure made						
29		End: When patient enters office/facility for surgery/procedure						
30		SERVICE PERIOD						
31		Start: When patient enters office/facility for surgery/procedure:						
32		Pre-Service (of service period)						
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L041B	Radiologic Technologist	3	3	3	3
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent						
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	2	2	2	2
38	CA014	Confirm order, protocol exam						
39	CA015	Setup scope (nonfacility setting only)						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic Technologist	2	2	2	2
41	CA017	Sedate/apply anesthesia						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L041B	Radiologic	6	6	9	9
59		Post-Service (of service period)						
60	CA022	Monitor patient following procedure/service, multitasking 1:4						
61	CA023	Monitor patient following procedure/service, no multitasking						
62	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	3	3	3	3
63	CA025	Clean scope						
64	CA026	Clean surgical instrument package						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports						
67	CA029	Check dressings, catheters, wounds						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B	Radiologic Technologist	2	2	2	2
69	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	2	2	2	2
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L041B	Radiologic Technologist	1	1	1	1
81		End: Patient leaves office						
82		POST-SERVICE PERIOD						
83		Start: Patient leaves office/facility						
99		End: with last office visit before end of global period						
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT				
101		TOTAL COST OF SUPPLY QUANTITY x PRICE			$ 0.55	$ 0.55	$ 0.55	$ 0.55
102	SB026	gown, patient	0.547	item	1	1	1	1
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*						
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula				
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE			$ 8.45	$ 8.48	$ 10.36	$ 10.33
112	ED050	Technologist PACS workstation	5557	PACS	21	21	24	24
113	ED053	Professional PACS Workstation	14829.6153	Other Formula	4	5	5	5
114	EL012	room, basic radiology	157366.593	Highly Technical	13	13	16	16

	A	B	Q	S
1	**RUC Practice Expense Spreadsheet**		**CURRENT**	**RECOMMENDED**
2		***C. For more complete information about summaries and guidelines***	**72220**	**72220**
3		***RUC Collaboration Website***	**Radiologic examination, sacrum and coccyx, minimum of 2 views (April 2017)**	**Radiologic examination, sacrum and coccyx, minimum of 2 views (Jan 2019)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 29 X-Ray Sacrum Specialty: ACR, ACRh**		
5		**LOCATION**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 9.00**	**$ 8.97**
8		**TOTAL CLINICAL STAFF TIME**	**21.0**	**21.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**21.0**	**21.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**		
14		**Start: Following visit when decision for surgery or procedure made**		
29		**End: When patient enters office/facility for surgery/procedure**		
30		**SERVICE PERIOD**		
31		**Start: When patient enters office/facility for surgery/procedure:**		
32		**Pre-Service (of service period)**		
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**3**	**3**
34	CA010	Obtain vital signs		
35	CA011	Provide education/obtain consent		
36	CA012	Review requisition, assess for special needs		
37	CA013	Prepare room, equipment and supplies	**2**	**2**
38	CA014	Confirm order, protocol exam		
39	CA015	Setup scope (nonfacility setting only)		
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**2**	**2**
41	CA017	Sedate/apply anesthesia		
52	CA021	Perform procedure/service---NOT directly related to physician work time	**6**	**6**
59		**Post-Service (of service period)**		
60	CA022	Monitor patient following procedure/service, multitasking 1:4		
61	CA023	Monitor patient following procedure/service, no multitasking		
62	CA024	Clean room/equipment by clinical staff	**3**	**3**
63	CA025	Clean scope		
64	CA026	Clean surgical instrument package		
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		
67	CA029	Check dressings, catheters, wounds		
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**2**	**2**
69	CA031	Review examination with interpreting MD/DO	**2**	**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**1**	**1**
81		**End: Patient leaves office**		
82		**POST-SERVICE PERIOD**		
83		**Start: Patient leaves office/facility**		
99		**End: with last office visit before end of global period**		
100	**Supply Code**	**MEDICAL SUPPLIES**		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.55**	**$ 0.55**
102	SB026	gown, patient	**1**	**1**
108		*Other supply item: please include the name of the item consistent with the paid invoice here and type new in column A*		
110	**Equipment Code**	**EQUIPMENT**		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 8.45**	**$ 8.42**
112	**ED050**	Technologist PACS workstation	**21**	**21**
113	**ED053**	Professional PACS Workstation	**4**	**4**
114	**EL012**	room, basic radiology	**13**	**13**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Elbow /Forearm – Tab 30

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data. The Workgroup recommended that the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time. In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommends in lieu of conducting a RUC survey. In the NPRM for 2019, CMS disagreed with the RUC recommended work RVUs for 20 CPT codes included in the X-Ray Spine, X-Ray Sacrum, X-Ray Elbow-Forearm, X-Ray Heel and X-Ray Toe code families. CMS proposed the same work RVU of 0.23 for all 20 services based on a utilization-weighted average. The RUC recommended for CMS to maintain the CY 2018 work RVU for all 20 services on an interim basis and requested that the specialties survey all 20 services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

Compelling Evidence
The specialty societies presented compelling evidence based on flawed methodology. CPT code 73070 is CMS/Other sourced as identified by the screen. Therefore, how the times and values were established is unknown or flawed. The RUC accepted compelling evidence based on flawed methodology.

73070 ***Radiologic examination, elbow; 2 views***
The RUC reviewed the survey results from 51 physicians and agreed on the following physician time components: 1 minute of pre-service time, 3 minutes of intra-service time, and 1 minute of immediate post-service time. The RUC thoroughly reviewed the recommended work and agreed that the survey 25th percentile work RVU of 0.16, correctly estimates the amount of physician work involved for this service. To justify a work RVU of 0.16, the RUC compared the survey code to CPT code 73060 *Radiologic examination; humerus, minimum of 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that both services have identical times and involve an identical intensity of physician work. The RUC also compared the survey code to CPT code 73100 *Radiologic examination, wrist; 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that both services have identical times and involve identical physician work intensity. This recommendation maintains rank order and relativity within the X-ray elbow/forearm family. **The RUC recommends a work RVU of 0.16 for CPT code 73070.**

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73080 ***Radiologic examination, elbow; complete, minimum of 3 views***
The RUC reviewed the survey results from 51 physicians and agreed on the following physician time components: 1 minute of pre-service time, 3 minutes of intra-service time, and 1 minute of immediate post-service time. The RUC thoroughly reviewed the recommended work and agreed that the current work RVU of 0.17, which is also below the survey 25th percentile, correctly estimates the amount of physician work involved for this service. To justify a work RVU of 0.17, the RUC compared the survey code to CPT code 73610 *Radiologic examination, ankle; complete, minimum of 3 views* (work RVU= 0.17, intra-service time of 3 minutes, total time of 5 minutes) and 73630 *Radiologic examination, foot; complete, minimum of 3 views* (work RVU= 0.17, intra-service time of 3 minutes, total time of 5 minutes) and noted that all three services have identical times, views and intensity and should be valued the same. This recommendation maintains rank order and relativity within the X-ray elbow/forearm family. **The RUC recommends a work RVU of 0.17 for CPT code 73080.**

73090 ***Radiologic examination; forearm, 2 views***
The RUC reviewed the survey results from 51 physicians and agreed on the following physician time components: 1 minute of pre-service time, 3 minutes of intra-service time, and 1 minute of immediate post-service time. The RUC thoroughly reviewed the recommended work and agreed that the current and survey 25th percentile work RVU of 0.16, correctly estimates the amount of physician work involved for this service. To justify a work RVU of 0.16, the RUC compared the survey code to CPT code 73060 *Radiologic examination; humerus, minimum of 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that both services have identical times and involve an identical intensity of physician work. The RUC also compared the survey code to CPT code 73100 *Radiologic examination, wrist; 2 views* (work RVU= 0.16, intra-service time of 3 minutes, total time of 5 minutes) and noted that both services have identical times and involve identical physician work intensity. The recommendation also fits well into the rank order for the family of upper extremity X-Ray codes, justifying the recommended work RVU for the survey code. **The RUC recommends a work RVU of 0.16 for CPT code 73090.**

Practice Expense
These services were reviewed by the PE Subcommittee in April 2017. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73070	Radiologic examination, elbow; 2 views	XXX	0.16

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(f)73080	Radiologic examination, elbow; complete, minimum of 3 views	XXX	0.17 (No change)
73090	Radiologic examination; forearm, 2 views	XXX	0.16 (No change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73070 Tracking Number

Original Specialty Recommended RVU: **0.16**
Presented Recommended RVU: **0.16**
RUC Recommended RVU: **0.16**

Global Period: XXX Current Work RVU: **0.15**

CPT Descriptor: Radiologic examination, elbow; 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient with elbow pain and swelling after a fall. AP and lateral views of the elbow are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Lauren Golding, MD; WIlliam Creevy, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons		
CPT Code:	73070		
Sample Size:	2250	**Resp N:** 51	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 1,500 members (a random sample of 750 members and a separate random sample of 750 members who perform radiography or musculoskeletal procedures). The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	49.00	**100.00**	200.00	1000.00
Survey RVW:	0.13	0.16	**0.17**	0.20	0.35
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	4.00	13.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73070	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73120	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, hand; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,037,378

CPT Descriptor 1 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 49.0 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 23.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 73070	Top Key Reference CPT Code: 73120	2nd Key Reference CPT Code: **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	84%	16%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	84%	8%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	88%	12%
Physical effort required	0%	96%	4%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	76%	16%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	75%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	92%	8%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	75%	25%
Physical effort required	0%	92%	8%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	58%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Elbow x-ray code 73070 *(Radiologic examination, elbow; 2 views)* as well as forearm X-ray code, 73090 *(Radiologic examination; elbow; complete, minimum of 3 views)* were identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include the additional elbow code, 73080 *(Radiologic examination; elbow; complete, minimum of 3 views)*. This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 1,500 members (a random sample of 750 members and a separate random sample of 750 members who perform radiography or musculoskeletal procedures). The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Compelling Evidence

The societies are requesting compelling evidence for CPT code 73070 to support the proposed work RVUs and times. This code is CMS/Other and was previously valued using flawed methodology.

Work RVU Recommendation

The specialties recommend a work RVU of 0.16 for CPT code 73070, which is the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute of pre-service, 3 minutes of intra-service, and 1 minute of post-service. This is a total recommended time of 5 minutes for CPT code 73070.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73120** *(Radiologic examination, hand; 2 views)*, chosen by 49% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views)*, chosen by 24% respondents.

The recommendation for CPT code 73070 has identical RVU and one less intra-service minute compared to the most commonly chosen key reference service, CPT code 73120. The extra minute of intra-service time is likely due to the higher number of bones and joints to evaluate in 73120. The recommendation for 73070 has 0.02 less RVU and one less intra-service minute compared to the second most commonly chosen key reference service, CPT code 73562. Both key reference services compare well to the recommended values for CPT code 73070.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73070	**Radiologic examination, elbow; 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.0288
73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338

MPC Codes

Our proposed MPC, 70355 *(Orthopantogram (eg, panoramic x-ray))*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints.

We have also included 90970 *(End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older)*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	ESRD home pt serv p day 20+	0.14		2.5		2.5	0.0560
73070	**Radiologic examination, elbow; 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations

The societies recommend 0.16 RVU with service period times of 1, 3, and 1 minute for CPT code 73070.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73140	X-Ray, finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213	Apr 2016
73070	**Radiologic examination, elbow; 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**	**Jan 2019**
73100	X-Ray, wrist; 2 views	0.16	1	3	1	5	0.0384	Apr 2016
73120	X-Ray, hand; 2 views	0.16	1	4	1	6	0.0288	Apr 2016
73060	X-Ray; humerus, minimum 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73090	X-Ray; forearm, 2 views	0.16	1	3	1	5	0.0384	Jan 2019
73080	X-Ray, elbow; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Jan 2019
73110	X-Ray, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.0313	Apr 2016
73130	X-Ray, hand; minimum of 3 views	0.17	1	5	1	7	0.0250	Apr 2016

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) CPT code 73070 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 73070

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Hand Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 685395
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73070 provided nationally in a one-year period is estimated to be 685,395.

Specialty Diagnostic Radiology Frequency 336410 Percentage 49.08 %

Specialty Orthopedic Surgery Frequency 187580 Percentage 27.36 %

Specialty Hand Surgery Frequency 29080 Percentage 4.24 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 228,465 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 73070 is billed approximately 228,465 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 112135 Percentage 49.08 %

Specialty Orthopedic Surgery Frequency 62530 Percentage 27.36 %

Specialty Hand Surgery Frequency 9690 Percentage 4.24 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73070

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73080 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Radiologic examination, elbow; complete, minimum of 3 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient sustains an injury to the left elbow while skiing. Four views of the elbow are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the elbow are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Lauren Golding, MD; WIlliam Creevy, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons		
CPT Code:	73080		
Sample Size:	2250	**Resp N:** 51	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 1,500 members (a random sample of 750 members and a separate random sample of 750 members who perform radiography or musculoskeletal procedures). The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**150.00**	275.00	5000.00
Survey RVW:	0.16	0.18	**0.20**	0.26	0.50
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	5.00	15.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73080	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73130	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, hand; minimum of 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,037,378

CPT Descriptor 1 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 **% of respondents:** 37.2 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 73080	Top Key Reference CPT Code: 73562	2nd Key Reference CPT Code: **73130**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	5.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	68%	32%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	68%	32%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	63%	37%
Physical effort required	0%	79%	21%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	68%	32%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	90%	10%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	80%	10%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	90%	10%
Physical effort required	0%	90%	10%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	70%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Elbow x-ray code 73070 *(Radiologic examination, elbow; 2 views)* as well as forearm X-ray code, 73090 *(Radiologic examination; elbow; complete, minimum of 3 views)* were identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include the additional elbow code, 73080 *(Radiologic examination; elbow; complete, minimum of 3 views)*. This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 1,500 members (a random sample of 750 members and a separate random sample of 750 members who perform radiography or musculoskeletal procedures). The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend the current work RVU of 0.17 for CPT code 73080, which is below the 25th percentile survey value.

Time Recommendation

The specialties recommend the survey median times of 1 minute of pre-service, 3 minutes of intra-service, and 1 minute of post-service. This is a total recommended time of 5 minutes for CPT code 73080.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73562** *(Radiologic examination, knee; 3 views)*, chosen by 37% respondents, and
- **73130** *(Radiologic examination, hand; minimum of 3 views)*, chosen by 20% respondents.

The survey times and RVU recommendation are supported by the key reference services. The recommendation for CPT code 73080 has one less intra-service minute and 0.01 less RVU compared to the most commonly chosen key reference service, CPT code 73562. The RVU recommendation is identical to the RVU for the second most commonly chosen KRS, CPT code 73130. All three of these exams are similar, involving assessment of a joint of similar complexity.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73080	**Radiologic examination, elbow; complete, minimum of 3 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**
73130	Radiologic examination, hand; 2 views	0.17	1	5	1	7	0.0250
73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338

MPC Codes

Our proposed MPC, 70355 *(Orthopantogram (eg, panoramic x-ray))*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint

disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints.

We have also included 90970 *(End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older),* as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	ESRD home pt serv p day 20+	0.14		2.5		2.5	0.0560
73080	**Radiologic examination, elbow; complete, minimum of 3 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations

The societies recommend 0.17 RVU with service period times of 1, 3, and 1 minute for CPT code 73080.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73140	X-Ray, finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213	Apr 2016
73070	Radiologic examination, elbow; 2 views	0.16	1	3	1	5	0.0384	Jan 2019
73100	X-Ray, wrist; 2 views	0.16	1	3	1	5	0.0384	Apr 2016
73120	X-Ray, hand; 2 views	0.16	1	4	1	6	0.0288	Apr 2016
73060	X-Ray; humerus, minimum 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73090	X-Ray; forearm, 2 views	0.16	1	3	1	5	0.0384	Jan 2019
73080	**X-Ray, elbow; complete, minimum of 3 views**	**0.17**	**1**	**3**	**1**	**5**	**0.0417**	**Jan 2019**
73110	X-Ray, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.0313	Apr 2016
73130	X-Ray, hand; minimum of 3 views	0.17	1	5	1	7	0.0250	Apr 2016

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 73080 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 73080

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Hand Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 1158975
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73080 provided nationally in a one-year period is estimated to be 1,158,975.

Specialty Diagnostic Radiology Frequency 787110 Percentage 67.91 %

Specialty Orthopedic Surgery Frequency 175800 Percentage 15.16 %

Specialty Hand Surgery Frequency 42185 Percentage 3.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 386,325 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 73080 is billed approximately 386,325 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 262370 Percentage 67.91 %

Specialty Orthopedic Surgery Frequency 58600 Percentage 15.16 %

Specialty Hand Surgery Frequency 14060 Percentage 3.63 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73080

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73090 Tracking Number

Original Specialty Recommended RVU: **0.16**
Presented Recommended RVU: **0.16**
RUC Recommended RVU: **0.16**

Global Period: XXX Current Work RVU: **0.16**

CPT Descriptor: Radiologic examination; forearm, 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with history of a fall and pain in her forearm. AP and lateral views of the forearm are obtained to evaluate for fracture.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the forearm are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Lauren Golding, MD; WIlliam Creevy, MD; Hussein Elkousy, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons		
CPT Code:	73090		
Sample Size:	2250	**Resp N:** 51	**Response:** 2.2 %
Description of Sample:	The ACR surveyed a total of 1,500 members (a random sample of 750 members and a separate random sample of 750 members who perform radiography or musculoskeletal procedures). The AAOS surveyed a random sample of 750 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	50.00	**100.00**	200.00	5000.00
Survey RVW:	0.14	0.16	**0.17**	0.19	0.35
Pre-Service Evaluation Time:			**1.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.00	**3.00**	4.00	13.00

Immediate Post Service-Time:	**1.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73090	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73120	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, hand; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73562	XXX	0.18	**RUC Time**

CPT Descriptor Radiologic examination, knee; 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
90970	XXX	0.14	**RUC Time**	1,037,378

CPT Descriptor 1 End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 **% of respondents:** 52.9 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 73090	Top Key Reference CPT Code: 73120	2nd Key Reference CPT Code: **73562**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	3.00	4.00	4.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**5.00**	**6.00**	**6.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	89%	4%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	81%	7%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	81%	11%
Physical effort required	0%	96%	4%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	85%	4%

2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	56%	44%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	89%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	56%	33%
Physical effort required	0%	89%	11%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	56%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Elbow x-ray code 73070 *(Radiologic examination, elbow; 2 views)* as well as forearm X-ray code, 73090 *(Radiologic examination; elbow; complete, minimum of 3 views)* were identified by the CMS/Other Source – Utilization over 100,000 screen. The specialties expanded the family to include the additional elbow code, 73080 *(Radiologic examination; elbow; complete, minimum of 3 views)*. This code family was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 1,500 members (a random sample of 750 members and a separate random sample of 750 members who perform radiography or musculoskeletal procedures). The American Academy of Orthopaedic Surgeons surveyed a random sample of 750 members.

Work RVU Recommendation

The specialties recommend the 25th percentile survey work RVU of 0.16 for CPT code 73090, which is equal to the current value.

Time Recommendation

The specialties recommend the survey median times of 1 minute of pre-service, 3 minutes of intra-service, and 1 minute of post-service. This is a total recommended time of 5 minutes for CPT code 73090.

Key Reference Services

The most commonly chosen reference codes by survey participants:

- **73120** *(Radiologic examination, hand; 2 views)*, chosen by 53% of respondents, and
- **73562** *(Radiologic examination, knee; 3 views)*, chosen by 18% respondents.

The survey times and RVU recommendation are supported by the key reference services. The recommendation for CPT code 73090 has one less intraservice minute and the same RVU compared to the most commonly chosen key reference service, CPT code 73120. The recommendation for 73090 has one less minute of intraservice time and 0.02 less RVU than the second most commonly chosen KRS, CPT code 73562. The recommendation also fits well into the rank order for the family of upper extremity x-ray codes.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73090	**Radiologic examination; forearm, 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
73120	Radiologic examination, hand; 2 views	0.16	1	4	1	6	0.0288
73562	Radiologic examination, knee; 3 views	0.18	1	4	1	6	0.0338

MPC Codes

Our proposed MPC, 70355 *(Orthopantogram (eg, panoramic x-ray))*, is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint

disease or for dental abscess. This MPC code has 2 more minutes of intra-service time that is likely related to the need to evaluate each of the teeth and not just the osseous structures and joints.

We have also included 90970 *(End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older)*, as a non x-ray MPC with similar intra-service time and wRVU. Overall, our recommendation compares favorably to MPC codes 90970 and 70355.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
90970	Esrd home pt serv p day 20+	0.14		2.5		2.5	0.0560
73090	**Radiologic examination; forearm, 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendations

The societies recommend 0.16 RVU with service period times of 1, 3, and 1 minute for CPT code 73090.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73140	X-Ray, finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213	Apr 2016
73070	Radiologic examination, elbow; 2 views	0.16	1	3	1	5	0.0384	Jan 2019
73100	X-Ray, wrist; 2 views	0.16	1	3	1	5	0.0384	Apr 2016
73120	X-Ray, hand; 2 views	0.16	1	4	1	6	0.0288	Apr 2016
73060	X-Ray; humerus, minimum 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73090	**X-Ray; forearm, 2 views**	**0.16**	**1**	**3**	**1**	**5**	**0.0384**	**Jan 2019**
73080	X-Ray, elbow; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Jan 2019
73110	X-Ray, wrist; complete, minimum of 3 views	0.17	1	4	1	6	0.0313	Apr 2016
73130	X-Ray, hand; minimum of 3 views	0.17	1	5	1	7	0.0250	Apr 2016

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 73090

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Hand Surgery How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 706050
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73090 provided nationally in a one-year period is estimated to be 706,050.

Specialty Diagnostic Radiology Frequency 529800 Percentage 75.03 %

Specialty Orthopedic Surgery Frequency 45485 Percentage 6.44 %

Specialty Hand Surgery Frequency 8780 Percentage 1.24 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 235,350 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 73090 is billed approximately 235,350 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 176600 Percentage 75.03 %

Specialty Orthopedic Surgery Frequency 15130 Percentage 6.42 %

Specialty Hand Surgery Frequency 2930 Percentage 1.24 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73090

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Elbow/Forearm
TAB: 30

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73120	Radiologic examination, hand; 2 views	25	0.0288			0.16			6	1					4			1					
2nd REF	73562	Radiologic examination, knee; 3 views	12	0.0338			0.18			6	1					4			1					
CMS/Other	73070	Radiologic examination, elbow; 2 views		#DIV/0!			0.15			5														
SVY	73070	Radiologic examination, elbow; 2 views	51	0.0417	0.13	0.16	0.17	0.20	0.35	5	1			1	2	3	4	13	1	0	49	100	200	1000
SVY - ACR	73070	Radiologic examination, elbow; 2 views	45	0.0626	0.13	0.16	0.17	0.20	0.35	4	1			1	2	2	3	10	1	0	48	100	200	1000
SVY - Subset	73070	Radiologic examination, elbow; 2 views	35	0.0626	0.15	0.16	0.17	0.20	0.29	4	1			1	2	2	4	10	1	0	49	100	200	1000
SVY - Random	73070	Radiologic examination, elbow; 2 views	10	0.0484	0.13	0.16	0.19	0.24	0.35	5	1			1	1	3	3	10	1	0	28	75	275	1000
SVY - AAOS	73070	Radiologic examination, elbow; 2 views	6	0.0002	0.16	0.16	0.18	0.22	0.35	13	3			4	4	5	7	13	5	10	51	73	95	100
REC	73070	Radiologic examination, elbow; 2 views		0.0384			0.16			5	1					3			1					

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73562	Radiologic examination, knee; 3 views	19	0.0338			0.18			6	1					4			1					
2nd REF	73130	Radiologic examination, hand; minimum of 3 views	10	0.0250			0.17			7	1					5			1					
Apr-10	73080	Radiologic examination, elbow; complete, minimum of 3 views		0.0417			0.17			5	1					3			1					
SVY	73080	Radiologic examination, elbow; complete, minimum of 3 views	51	0.0517	0.16	0.18	0.20	0.26	0.50	5	1			1	2	3	5	15	1	0	50	150	275	5000
SVY - ACR	73080	Radiologic examination, elbow; complete, minimum of 3 views	45	0.0517	0.16	0.18	0.20	0.25	0.50	5	1			1	2	3	4	13	1	0	100	155	300	5000
SVY - Subset	73080	Radiologic examination, elbow; complete, minimum of 3 views	35	0.0484	0.17	0.18	0.19	0.23	0.30	5	1			1	2	3	4	12	1	25	100	150	275	1000
SVY - Random	73080	Radiologic examination, elbow; complete, minimum of 3 views	10	0.0717	0.16	0.19	0.26	0.30	0.50	5	1			1	2	3	5	13	1	0	58	225	450	5000
SVY - AAOS	73080	Radiologic examination, elbow; complete, minimum of 3 views	6	0.0011	0.17	0.17	0.21	0.29	0.40	17	4			4	7	8	10	15	5	12	38	49	50	100
REC	73080	Radiologic examination, elbow; complete, minimum of 3 views		0.0417			0.17			5	1					3			1					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	AO	AP	AQ	AR	AS
39						RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
40	Source	CPT	DESC	Resp	IWPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
41	1st REF	73120	Radiologic examination, hand; 2 views	27	0.0288			0.16			6	1					4			1					
42	2nd REF	73562	Radiologic examination, knee; 3 views	9	0.0338			0.18			6	1					4			1					
43	CMS/Other	73090	Radiologic examination; forearm, 2 views		#DIV/0!			0.16			5														
44	SVY	73090	Radiologic examination; forearm, 2 views	51	0.0417	0.14	0.16	0.17	0.19	0.35	5	1			1	2	3	4	13	1	0	50	100	200	5000
45	SVY - ACR	73090	Radiologic examination; forearm, 2 views	45	0.0626	0.14	0.16	0.17	0.18	0.35	4	1			1	2	2	3	10	1	0	60	150	200	5000
46	SVY - Subset	73090	Radiologic examination; forearm, 2 views	35	0.0576	0.14	0.16	0.16	0.18	0.29	4	1			1	2	2	3	10	1	50	100	150	200	1000
47	SVY - Random	73090	Radiologic examination; forearm, 2 views	10	0.0776	0.15	0.16	0.20	0.27	0.35	4	1			1	1	2	4	10	1	0	40	125	300	5000
48	SVY - AAOS	73090	Radiologic examination; forearm, 2 views	6	-0.0018	0.16	0.16	0.17	0.20	0.35	13	3			4	4	5	7	13	5	18	43	59	92	100
49	REC	73090	Radiologic examination; forearm, 2 views		0.0384			0.16			5	1					3			1					

CPT Code: 73070, 73080, 73090
Specialty Society: ACR, AAOS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

73070	Radiologic examination, elbow; 2 views
73080	Radiologic examination, elbow; complete, minimum of 3 views
73090	Radiologic examination; forearm, 2 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR) and American Academy of Orthopaedic Surgeons (AAOS) convened a consensus panel to finalize the practice expense data for the x-ray elbow/forearm, CPT codes 73070, 73080, 73090.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for code 73070, 73080, 73090 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No, CPT codes 73070, 73080, and 73090 are not typically billed with an E/M service.
   CPT codes 73070 and 73080 are typically billed with an E/M service in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
73070	ORTHOPEDIC SURGERY	51%	DIAGNOSTIC RADIOLOGY	49%
73080	ORTHOPEDIC SURGERY	39%	DIAGNOSTIC RADIOLOGY	68%
73090	PORTABLE XRAY SUPPLIER	26%	DIAGNOSTIC RADIOLOGY	75%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: We are not requesting time for obtaining vital signs.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   73070: X-ray, elbow; 2 views
   Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's elbow. Position patient's elbow for the first view (typically the AP view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under elbow and place second cassette under patient's elbow. Position patient's elbow for second view (typically the lateral view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under elbow. Both cassettes are then taken to the image reader. Run both cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

   73080: X-ray, elbow; min 3 views
   Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's elbow. Position patient's elbow for the first view (typically the AP view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under elbow and place second cassette under patient's elbow. Position patient's elbow for second view (typically the oblique view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under elbow and place third cassette under patient's elbow. Position patient's elbow for third view (typically the lateral view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under elbow. The above steps are repeated for any additional elbow views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

73090: X-ray; forearm, 2 views
Bring patient into x-ray room and have patient stand/sit/lie on or adjacent to the x-ray table as appropriate. Place first cassette under patient's forearm. Position patient's forearm for the first view (typically the AP view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under forearm and place second cassette under patient's forearm. Position patient's forearm for second view (typically the lateral view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under forearm. The above steps are repeated for any additional forearm views to be obtained. Both cassettes are then taken to the image reader. Run both cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	I	K	M	O	Q	S
1	RUC Practice Expense Spreadsheet				CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
2		*column C. For more complete information about summaries and guidelines please see the PE reference materials at the*			73070	73070	73080	73080	73090	73090
3		***RUC Collaboration Website***			Radiologic examination, elbow; two views	Radiologic examination, elbow; two views	Radiologic examination, elbow; complete minimum of three views	Radiologic examination, elbow; complete minimum of three views	Radiologic examination; forearm, two views	Radiologic examination; forearm, two views
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 30 - X-Ray Elbow/Forearm Specialty: ACR, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**(April 2017)**	**(Jan. 2019)**	**(April 2017)**	**(Jan. 2019)**	**(April 2017)**	**(Jan. 2019)**
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**								
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 7.15**	**$ 7.12**	**$ 8.38**	**$ 8.35**	**$ 7.76**	**$ 7.73**
8		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**16.0**	**18.0**	**18.0**	**19.0**	**19.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**16.0**	**18.0**	**18.0**	**19.0**	**19.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**			**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**								
14		**Start: Following visit when decision for surgery or procedure made**								
29		**End: When patient enters office/facility for surgery/procedure**								
30		**SERVICE PERIOD**								
31		**Start: When patient enters office/facility for surgery/procedure:**								
32		**Pre-Service (of service period)**								
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist					**3**	**3**
34	CA010	Obtain vital signs								
35	CA011	Provide education/obtain consent								
36	CA012	Review requisition, assess for special needs								
37	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**2**
38	CA014	Confirm order, protocol exam								
39	CA015	Setup scope (nonfacility setting only)								
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**2**
41	CA017	Sedate/apply anesthesia								
48		**Intra-service (of service period)**								
52	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist	**4**	**4**	**6**	**6**	**4**	**4**
59		**Post-Service (of service period)**								
60	CA022	Monitor patient following procedure/service, multitasking 1:4								
61	CA023	Monitor patient following procedure/service, no multitasking								
62	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist	**3**	**3**	**3**	**3**	**3**	**3**
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**2**
69	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist	**2**	**2**	**2**	**2**	**2**	**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist	**1**	**1**	**1**	**1**	**1**	**1**
71	CA033	Perform regulatory mandated quality assurance activity (service								
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting,								
73	CA035	Review home care instructions, coordinate visits/prescriptions								
74	CA036	Discharge day management			**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
81		**End: Patient leaves office**								
82		**POST-SERVICE PERIOD**								
83		**Start: Patient leaves office/facility**								
99		**End: with last office visit before end of global period**								
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**			**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.55**	**$ 0.55**
102	SB026	gown, patient	0.547	item					**1**	**1**
103										
104										
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**			**$ 7.15**	**$ 7.12**	**$ 8.38**	**$ 8.35**	**$ 7.21**	**$ 7.18**
112	ED050	Technologist PACS workstation	5557	PACS	**16**	**16**	**18**	**18**	**19**	**19**
113	ED053	Professional PACS Workstation	14829.62	Other Formula	**4**	**4**	**4**	**4**	**4**	**4**

	A	B	D	E	I	K	M	O	Q	S
1	**RUC Practice Expense Spreadsheet**				**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**	**CURRENT**	**RECOMMENDED**
2		***column C. For more complete information about summaries and guidelines please see the PE reference materials at the***			**73070**	**73070**	**73080**	**73080**	**73090**	**73090**
3		***RUC Collaboration Website***			Radiologic examination, elbow; two views **(April 2017)**	Radiologic examination, elbow; two views **(Jan. 2019)**	Radiologic examination, elbow; complete minimum of three views **(April 2017)**	Radiologic examination, elbow; complete minimum of three views **(Jan. 2019)**	Radiologic examination; forearm, two views **(April 2017)**	Radiologic examination; forearm, two views **(Jan. 2019)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 30 - X-Ray Elbow/Forearm Specialty: ACR, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**						
5		**LOCATION**			**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**								
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**			**$ 7.15**	**$ 7.12**	**$ 8.38**	**$ 8.35**	**$ 7.76**	**$ 7.73**
8		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**16.0**	**18.0**	**18.0**	**19.0**	**19.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist	**16.0**	**16.0**	**18.0**	**18.0**	**19.0**	**19.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**			**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
114	EL012	room, basic radiology	157366.6	Highly Technical	**11**	**11**	**13**	**13**	**11**	**11**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Heel – Tab 31

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data. The Workgroup recommended that the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time. In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommends in lieu of conducting a RUC survey. In the NPRM for 2019, CMS disagreed with the RUC recommended work RVUs for 20 CPT codes included in the X-Ray Spine, X-Ray Sacrum, X-Ray Elbow-Forearm, X-Ray Heel and X-Ray Toe code families. CMS proposed the same work RVU of 0.23 for all 20 services based on a utilization-weighted average. The RUC recommended for CMS to maintain the CY 2018 work RVU for all 20 services on an interim basis and requested that the specialties survey all 20 services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

73650 ***Radiologic examination; calcaneus, minimum of 2 views***
The RUC reviewed the survey results from 136 physicians and agreed on the following physician time components: 1 minute of pre-service time, 5 minutes of intra-service time, and 1 minute of immediate post-service time. The RUC thoroughly reviewed the recommended work and agreed that the current work value and the survey 25th percentile work RVU of 0.16, correctly estimates the amount of physician work involved for this service. To justify a work RVU of 0.16, the RUC compared the survey code to MPC code 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (work RVU= 0.17, intra-service time of 5 minutes, post-service time of 1 minute, and 6 minutes total time) and noted that the survey code involves evaluation of the calcaneus, soft tissues, and the adjacent bones with their complex articulations in two views and is most commonly performed in the setting of acute trauma. Both codes have identical intra-service time and a similar amount of physician work. The RUC also compared the survey code to MPC code 51741 *Complex uroflowmetry (eg, calibrated electronic equipment)* (work RVU= 0.17, intra-service time of 5 minutes, total time of 7 minutes) and noted that both services involve an identical amount of intra-service time and total time and a similar intensity of physician work. This recommendation maintains rank order and relativity with other X-ray codes. **The RUC recommends a work RVU of 0.16 for CPT code 73650.**

Practice Expense
These services were reviewed and approved by the PE Subcommittee in April 2017. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73650	Radiologic examination; calcaneus, minimum of 2 views	XXX	0.16 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73650 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.16**
Global Period: XXX Current Work RVU: **0.16** RUC Recommended RVU: **0.16**

CPT Descriptor: Radiologic examination; calcaneus, minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient presents with a history of a fall from a ladder and heel pain. AP and Harris views of the calcaneus are obtained.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the calcaneus are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Hussein Elkousy, MD; Brooke Bisbee, DPM; Peter Mangone, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, American Orthopaedic Foot and Ankle Society		
CPT Code:	73650		
Sample Size:	4424	**Resp N:** 136	**Response:** 3.0 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The APMA surveyed a random sample of 2,274 members. The AAOS surveyed a random sample of 200 members. The AOFAS surveyed a random sample of 1,200 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	**43.00**	100.00	1000.00
Survey RVW:	0.13	0.16	**0.17**	0.18	0.60
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**5.00**	7.00	20.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73650	**Recommended Physician Work RVU: 0.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73620	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, foot; 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73630	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination, foot; complete, minimum of 3 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	19,163,816

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 67 **% of respondents:** 49.2 **%**

Number of respondents who choose 2nd Key Reference Code: 44 **% of respondents:** 32.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 73650	**Top Key Reference CPT Code:** 73620	**2nd Key Reference CPT Code:** **73630**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	3.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**5.00**	**5.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	67%	22%	3%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	67%	18%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	70%	24%

Physical effort required	3%	88%	9%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	76%	19%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	5%	59%	27%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	52%	36%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	2%	59%	39%
Physical effort required	5%	80%	16%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	59%	36%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The heel X-ray code, 73650 *(Radiologic examination; calcaneus, minimum of 2 views)*, was initially identified by the CMS/Other Source – Utilization over 100,000 screen, and this code was initially addressed at the April

2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The American Podiatric Medical Association surveyed a random sample of 2,274 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 200 members. The American Orthopaedic Foot and Ankle Society surveyed a random sample of 1,200 members.

Work RVU Recommendation

The expert panel recommends a work RVU of 0.16 for CPT code 73650, which is the survey 25th percentile value, and also the current value.

Time Recommendation

The expert panel recommends the median intra-service time of 5 minutes, and a reduction from both the median pre- and post-service time to 1 minute each, which is typical for recently-reviewed X-ray procedures. This is a total recommended time of 7 minutes for CPT code 73650, an increase from the existing CMS/Other time of 5 minutes.

Key Reference Services

The most commonly chosen reference codes by survey participants are two X-ray of the foot procedures:

- **73620** *(Radiologic examination, foot; 2 views)*, chosen by 49% of respondents, and
- **73630** *(Radiologic examination, foot; complete, minimum of 3 views)*, chosen by 32% of respondents.

The surveyed code involves evaluation of the calcaneus, soft tissues, and the adjacent bones with their complex articulations in two views, and is most commonly performed in the setting of acute trauma. It has two more minutes of intra-service time, and similar RVUs, compared to the most commonly chosen key reference service, code 73620, which is a two-view examination of the foot, and the second key reference service, code 73630, which is a three-view examination of the entire foot. The surveyed code involves a more focused anatomic area and, due to the longer time required to assess for subtle clinically important injuries, results in a lower overall intensity and IWPUT compared to the evaluation of the foot in two or three views.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73620	Radiologic examination, foot; 2 views	0.16	1	3	1	5	0.0384
73650	**Radiologic examination; calcaneus, minimum of 2 views**	**0.16**	**1**	**5**	**1**	**7**	**0.0230**
73630	Radiologic examination, foot; complete, minimum of 3 views	0.17	1	3	1	5	0.0417

MPC Codes

The surveyed code compares well to two MPCs codes, 70355 *(Orthopantogram (eg, panoramic x-ray))* and 93010 *(Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only).* CPT code 70355 is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. The ECG code involves review and

interpretation of a medical test with physician work that is similar to imaging review. Both MPC codes have identical intra-service times and similar total times.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73650	**Radiologic examination; calcaneus, minimum of 2 views**	**0.16**	**1**	**5**	**1**	**7**	**0.0230**
93010	Electrocardiogram, routine ECG with at least 12 leads	0.17		5	1	6	0. 0295
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendation

Our expert panel recommends 0.16 RVU for CPT code 73650, with service period times of 1, 5, and 1 minutes. This valuation maintains relativity in the X-ray foot and ankle families.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73660	Radiologic examination; toe(s), minimum of 2 views	0.13	1	5	1	7	0.0170	Jan 2019
73600	Radiologic examination, ankle; 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73620	Radiologic examination, foot; 2 views	0.16	1	3	1	5	0.0384	Apr 2011
73650	**Radiologic examination; calcaneus, minimum of 2 views**	**0.16**	**1**	**5**	**1**	**7**	**0.0230**	**Jan 2019**
73610	Radiologic examination, ankle; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009
73630	Radiologic examination, foot; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) CPT code 73650 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 73650

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 270550
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73650 provided nationally in a one-year period is estimated to be 270,550.

Specialty Diagnostic Radiology Frequency 111400 Percentage 41.17 %

Specialty Orthopedic Surgery Frequency 57400 Percentage 21.21 %

Specialty Podiatry Frequency 62150 Percentage 22.97 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 90,180
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 73650 is billed approximately 90,180 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 37125 Percentage 41.16 %

Specialty Orthopedic Surgery Frequency 19140 Percentage 21.22 %

Specialty Podiatry Frequency 20720 Percentage 22.97 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73650

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Heel

TAB: 31

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73620	Radiologic examination, foot; 2 views	67	0.0384			0.16			5	1					3			1					
2nd REF	73630	Radiologic examination, foot; complete, minimum of 3 views	44	0.0417			0.17			5	1					3			1					
CMS/Other	73650	Radiologic examination; calcaneus, minimum of 2 views		#DIV/0!			0.16			5														
SVY	73650	Radiologic examination; calcaneus, minimum of 2 views	136	0.0116	0.13	0.16	0.17	0.18	0.60	10	2			1	3	5	7	20	3	0	15	43	100	1000
SVY - ACR	73650	Radiologic examination; calcaneus, minimum of 2 views	25	0.0576	0.13	0.15	0.16	0.17	0.25	4	1			1	2	2	3	10	1	0	12	25	50	200
SVY - Subset	73650	Radiologic examination; calcaneus, minimum of 2 views	19	0.0576	0.13	0.15	0.16	0.17	0.25	4	1			1	1	2	2	4	1	5	12	25	75	200
SVY - Random	73650	Radiologic examination; calcaneus, minimum of 2 views	6	0.0006	0.15	0.16	0.16	0.17	0.17	12	4			2	4	5	5	10	3	0	20	23	29	50
SVY - AAOS	73650	Radiologic examination; calcaneus, minimum of 2 views	61	0.0116	0.13	0.16	0.17	0.20	0.60	10	2			1	3	5	8	20	3	5	25	50	120	750
SVY - APMA	73650	Radiologic examination; calcaneus, minimum of 2 views	50	#DIV/0!	0.13	0.16	0.17	0.18	0.24	12	3			2	4	5	10	16	4	0	10	30	100	1000
REC	73650	Radiologic examination; calcaneus, minimum of 2 views		0.0230			0.16			7	1					5			1					

CPT Code: 73650
Specialty Society: ACR, AAOS, APMA, AOFAS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

73650	Radiologic examination; calcaneus, minimum of 2 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR), American Academy of Orthopaedic Surgeons (AAOS), American Podiatric Medical Association (APMA), American Orthopaedic Foot and Ankle Society (AOFAS) convened a consensus panel to finalize the practice expense data for the X-ray heel CPT code, 73650.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for code 73650 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No, this code is not typically billed with an E/M service.
   Yes, this code is typically billed with an E/M service in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
73650	PODIATRY	34%	DIAGNOSTIC RADIOLOGY	41%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   The increase in aggregate cost is a result of the increase in physician time, per the multispecialty RUC survey. This correlates to the increase in professional PACS workstation time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: We are not requesting time for obtaining vital signs.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Bring patient into x-ray room and have patient sit/lie on x-ray table or stand on imaging stand as appropriate. Place first cassette under patient's heel. Position patient's heel for the first view (typically the Harris view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under heel and place second cassette under patient's heel. Position patient's heel for second view (typically the lateral view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under heel. The above steps are repeated for any additional heel views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	F	I	K
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**
2		***For more complete information about summaries and guidelines***				**73650**	**73650**
3		***RUC Collaboration Website***				**Radiologic examination; calcaneus, minimum of two views (April 2017)**	**Radiologic examination; calcaneus, minimum of two views (Jan 2018)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 31 - X-Ray Heel Specialty: ACR, AAOS, APMA, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**		
5		**LOCATION**				**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 7.15**	**$ 7.23**
8		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist		**16.0**	**16.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist		**16.0**	**16.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**					
14		**Start: Following visit when decision for surgery or procedure made**					
29		**End: When patient enters office/facility for surgery/procedure**					
30		**SERVICE PERIOD**					
31		**Start: When patient enters office/facility for surgery/procedure:**					
32		**Pre-Service (of service period)**					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available					
34	CA010	Obtain vital signs					
35	CA011	Provide education/obtain consent					
36	CA012	Review requisition, assess for special needs					
37	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist		**2**	**2**
38	CA014	Confirm order, protocol exam					
39	CA015	Setup scope (nonfacility setting only)					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist		**2**	**2**
41	CA017	Sedate/apply anesthesia					
48		**Intra-service (of service period)**					
52	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist		**4**	**4**
59		**Post-Service (of service period)**					
60	CA022	Monitor patient following procedure/service, multitasking 1:4					
61	CA023	Monitor patient following procedure/service, no multitasking					
62	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic		**3**	**3**
63	CA025	Clean scope					
64	CA026	Clean surgical instrument package					
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					
66	CA028	Review/read post-procedure x-ray, lab and pathology reports					
67	CA029	Check dressings, catheters, wounds					
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist		**2**	**2**
69	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist		**2**	**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist		**1**	**1**
71	CA033	Perform regulatory mandated quality assurance activity (service period)					
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,					
73	CA035	Review home care instructions, coordinate visits/prescriptions					
74	CA036	Discharge day management				**n/a**	**n/a**
81		**End: Patient leaves office**					
82		**POST-SERVICE PERIOD**					
83		**Start: Patient leaves office/facility**					
99		**End: with last office visit before end of global period**					
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**			
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**
102							
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 7.15**	**$ 7.23**
112	ED050	Technologist PACS workstation	5557	PACS	0.022017924	**16**	**16**
113	ED053	Professional PACS Workstation	14829.6153	Other Formula	0.058757846	**4**	**6**
114	EL012	room, basic radiology	157366.593	Highly Technical	0.596265034	**11**	**11**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

X-Ray Toe – Tab 32

In October 2016, the Relativity Assessment Workgroup expanded the CMS/Other Source codes screen, lowering the Medicare utilization threshold from 250,000 to 100,000 based on 2015 Medicare utilization data. The Workgroup recommended that the specialty societies survey these services for April 2017, with a strong recommendation that the Research Subcommittee consider the specialty societies request to allow direct crosswalks to similar services for physician work and time. In February, the Research Subcommittee approved for the specialties to utilize a crosswalk methodology to make physician work and physician time recommends in lieu of conducting a RUC survey. In the NPRM for 2019, CMS disagreed with the RUC recommended work RVUs for 20 CPT codes included in the X-Ray Spine, X-Ray Sacrum, X-Ray Elbow-Forearm, X-Ray Heel and X-Ray Toe code families. CMS proposed the same work RVU of 0.23 for all 20 services based on a utilization-weighted average. The RUC recommended for CMS to maintain the CY 2018 work RVU for all 20 services on an interim basis and requested that the specialties survey all 20 services and review them again at the January 2019 RUC meeting (CY 2020 cycle).

73660 ***Radiologic examination; toe(s), minimum of 2 views***
The RUC reviewed the survey results from 138 physicians and agreed on the following physician time components: 1 minute of pre-service time, 5 minutes of intra-service time, and 1 minute of immediate post-service time. The survey code involves evaluation of the bones, joints and soft tissues of a toe in two or more views. The RUC thoroughly reviewed the recommended work and agreed that the current work value and the survey 25th percentile work RVU of 0.13, correctly estimates the amount of physician work involved for this service. To justify a work RVU of 0.13, the RUC compared the survey code to MPC code 51741 *Complex uroflowmetry (eg, calibrated electronic equipment)* (work RVU= 0.17, intra-service time of 5 minutes, total time of 7 minutes) and noted that both services involve an identical amount of intra-service time and total time, whereas the survey code involves somewhat less physician work intensity. The RUC also compared the survey code to MPC code 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (work RVU= 0.17, intra-service time of 5 minutes, post-service time of 1 minute, and 6 minutes total time) and noted that both services involve identical intra-service time, though the reference code is a slightly more intense service to perform. The RUC also agreed that the recommended work valuation maintains relativity within the family of X-Ray foot and ankle codes. **The RUC recommends a work RVU of 0.13 for CPT code 73660.**

Practice Expense
These services were reviewed and approved by the PE Subcommittee in April 2017. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
73660	Radiologic examination; toe(s), minimum of 2 views	XXX	0.13 (No Change)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Specialty Society Additional Rationale
X-Ray Valuation - Principles

The absolute RVUs of individual codes within the X-ray modality are relatively small; however, there are important differences comparing across these codes and code families that are important to consider when assessing their relative value within the modality and the larger fee schedule.

The codes within the X-ray modality cannot be placed in a simple ascending order, but rather should be placed on a spectrum with consideration to three primary variables:
1. **Number of views**
2. **Body area**
3. **Clinical context** (pathology and patient population)

What should not be considered when valuing the X-ray codes are derived measures of work and intensity. For example, IWPUT was not designed to accurately measure intensity at this range of the fee schedule. IWPUT was designed to assess intra-service work in 90-day global codes with more than 10 times the intra-service time that these codes possess. Additionally, small changes in pre-service or post-service time at this end of the fee schedule can change the IWPUT of an X-ray code by 30-50%. Moreover, time is only measured on surveys in whole integer values, so surveyed physicians are not afforded the opportunity to differentiate between services that take 2.5 minutes and those that take 3.5 minutes. Rather, both of these codes frequently end up at 3 minutes, even though one or the other is clearly more difficult. And that 1 minute differential at 0.16-0.30 RVUs is actually very large. So considering time per view as a ratio falls apart and becomes invalid. Lastly, not all of the X-ray services are performed exclusively by radiology. Times across multiple different X-ray codes vary depending on the surveyed specialties (e.g. podiatry and orthopedics). This inherent variability means time is not a consistent factor for assessment of relativity. Therefore, broad comparisons across different codes or code families within the X-ray modality using only time as a variable are fundamentally flawed.

Number of views:
The number of views in a typical exam is a reasonable way to compare different X-ray codes; however, it is more accurate in ordering the relative value of codes in a family (e.g. spine) than across different body regions. Frequently, the number of views is also a reasonable metric for complexity of an exam in the same body region. For example, a 2-3 view cervical spine is going to be performed on a different patient and for different reasons than a 6-view cervical spine. In a 6-view example, the patient is being assessed during twisting or bending maneuvers so that dynamic joints or instability can be assessed. A 2-3 view cervical spine is more often a patient with isolated symptoms and an unknown diagnosis as opposed to a known complex clinical process like dynamic or post-operative instability.

Body region:
The skeleton can be separated into two different regions; the appendicular skeleton and axial skeleton. Appendicular structures include the appendages like arms, legs, wrists, ankles, hands, feet, and digits. These appendicular structures tend to not have as many overlapping structures on single plane images even though the wrist and ankle are somewhat complex joints. The axial skeleton includes the skull, spine, and pelvis, as well as the chest and abdomen. When interpreting X-rays of axial body parts there are numerous overlapping structures, multiple organ systems, and generally higher risk of consequential injury, especially in the spine. From this standpoint, axial X-ray exams are considered in general to be more difficult to interpret than appendicular X-ray exams, and so should be valued higher for equivalent views or times with few exceptions (e.g. single view intra-operative or post-operative images). To use the example above, a 2-3 view cervical spine is more difficult to interpret and takes more skill than a 2-3 view elbow, and should be valued higher.

Clinical context:
The complexity of X-rays also varies with the clinical indications and typical patient population. An example of this would be the cervical and lumbar spine radiographs. Although the cervical spine may be a more complex anatomic site than the lumbar spine, the typical clinical scenarios these are ordered for contribute to complexity for both of these exams. The cervical spine may be typically ordered in an outpatient setting to assess for osteoarthritis or other arthritic changes. There is a large number of abnormalities found on these X-rays in this patient population. Often, multiple levels within the spinal canal are compromised, as well as multiple facet joints. In addition, patients with rheumatoid arthritis often have atlantoaxial instability, with subluxation of the cervical spine that can lead to neurologic compromise. The sheer number of levels which may be involved in the cervical spine along with complexity of pathology increase the technical skill and judgement. On the other hand, the typical patient population evaluated with a lumbar spine radiograph is trauma in which there is concern for fracture. It is critical for the physician to find the fracture in the acute setting to direct appropriate treatment and workup which results in increased psychological stress.

As expected, services provided in an ER tend to be more stressful and have more potential negative consequences for inaccurate or delayed diagnoses than outpatient X-ray services. However, if a complex disease process is the typical indication for a particular X-ray code, then it is also logical that the required technical skill and intensity of providing that service is higher than for another X-ray code with similar total time or total views performed in a different setting.

Conclusion:
X-ray codes should be assessed using three primary variables: Number of views, body region, and clinical context. Neither time nor IWPUT are useful for the reasons outlined above. The current proposals from the RUC to CMS explicitly address these variables and have ordered the codes appropriately.

No single variable provides enough information to be used to accurately assess relativity within the X-ray modality, rather all three variables used together provide enough information to ensure proper relativity among and within X-ray code families.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:73660 Tracking Number

Original Specialty Recommended RVU: **0.15**
Presented Recommended RVU: **0.13**
RUC Recommended RVU: **0.13**

Global Period: XXX Current Work RVU: **0.13**

CPT Descriptor: Radiologic examination; toe(s), minimum of 2 views

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An elderly patient sustained a crush injury to the great toe. AP, oblique and lateral views of the great toe are ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history. Review any prior applicable plain film or imaging studies.

Description of Intra-Service Work: The technologist performing the examination is supervised, and the radiographs of the toe(s) are interpreted. Examination findings are compared to previous studies, if applicable. A report is dictated for the patient's medical record.

Description of Post-Service Work: The final report is reviewed and signed, and findings are communicated to the referring physician as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2019		
Presenter(s):	Kurt Schoppe, MD; Daniel Wessell, MD; Andrew Moriarity, MD; William Creevy, MD; Hussein Elkousy, MD; Brooke Bisbee, DPM; Peter Mangone, MD		
Specialty(s):	American College of Radiology, American Academy of Orthopaedic Surgeons, American Podiatric Medical Association, American Orthopaedic Foot and Ankle Society		
CPT Code:	73660		
Sample Size:	4424	**Resp N:** 138	**Response:** 3.1 %
Description of Sample:	The ACR surveyed a total of 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The APMA surveyed a random sample of 2,274 members. The AAOS surveyed a random sample of 200 members. The AOFAS surveyed a random sample of 1,200 members.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	19.00	**50.00**	100.00	1000.00
Survey RVW:	0.12	0.13	**0.15**	0.17	0.60
Pre-Service Evaluation Time:			**2.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	3.00	**5.00**	6.00	20.00

Immediate Post Service-Time:	**3.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	73660	**Recommended Physician Work RVU: 0.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**

Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73140	XXX	0.13	**RUC Time**

CPT Descriptor Radiologic examination, finger(s), minimum of 2 views

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
73620	XXX	0.16	**RUC Time**

CPT Descriptor Radiologic examination, foot; 2 views

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	19,163,816

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
70355	XXX	0.20	**RUC Time**	36,042

CPT Descriptor 2 Orthopantogram (eg, panoramic x-ray)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 69 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 22.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 73660	**Top Key Reference CPT Code:** 73140	**2nd Key Reference CPT Code:** **73620**
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	5.00	4.00	3.00
Median Immediate Post-service Time	1.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**6.00**	**5.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	9%	80%	12%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	84%	7%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	1%	87%	12%

Physical effort required	0%	91%	9%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	77%	10%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	3%	10%	84%	3%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	58%	13%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	87%	3%
Physical effort required	10%	87%	3%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	16%	81%	3%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The toe X-ray code, 73660 *(Radiologic examination; toe(s), minimum of 2 views)*, was identified by the CMS/Other Source – Utilization over 100,000 screen, and this code was initially addressed at the April 2017 RUC meeting via a crosswalk methodology approved by the Research Subcommittee. Following review by the Centers for Medicare and Medicaid Services for CY2019, the specialties agreed to survey this code for the January 2019 RUC meeting.

Survey Process

The American College of Radiology randomly surveyed 750 members (a random sample of 375 members and a separate random sample of 375 members who perform radiography or musculoskeletal procedures). The American Podiatric Medical Association surveyed a random sample of 2,274 members. The American Academy of Orthopaedic Surgeons surveyed a random sample of 200 members. The American Orthopaedic Foot and Ankle Society surveyed a random sample of 1,200 members.

Work RVU Recommendation

The expert panel recommends a work RVU of 0.13 for CPT code 73660, which is the median 25th percentile value, and the current value.

Time Recommendation

The expert panel recommends the median intra-service time of 5 minutes, and a reduction from both the median pre- and post-service time to 1 minute each, which is typical for recently-reviewed X-ray procedures. This is a total recommended time of 7 minutes for CPT code 73660, an increase from the existing CMS/Other time of 5 minutes.

Key Reference Services

The most commonly chosen reference codes by survey participants are two X-ray of the foot procedures:

- **73140** *(Radiologic examination, finger(s), minimum of 2 views)*, chosen by 50% of respondents, and
- **73620** *(Radiologic examination, foot; 2 views)*, chosen by 22% respondents.

The surveyed code involves evaluation of the bones, joints and soft tissues of a toe in two or more views and has one more minute of intra-service time compared to the most commonly chosen key reference service, code 73140, which is a two-view examination of the finger, an anatomically similar structure. Compared to the second key reference service, code 73620, which is a two-view examination of the entire foot, the surveyed code involves a smaller anatomic area and has less complexity compared to evaluating all of the structures in the foot, resulting in a lower RVU and IWPUT.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73140	Radiologic examination, finger(s), minimum of 2 views	0.13	1	4	1	6	0.0213
73660	**Radiologic examination; toe(s), minimum of 2 views**	**0.13**	**1**	**5**	**1**	**7**	**0.0170**
73620	Radiologic examination, foot; 2 views	0.16	1	3	1	5	0.0384

MPC Codes

The surveyed code compares well with two MPC codes, 70355 *(Orthopantogram (eg, panoramic x-ray))* and 93010 *(Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only*). CPT code 70355 is a one-view exam that evaluates both the mandible and the maxilla. It is primarily used to assess for mandible fractures, temporomandibular joint disease or for dental abscess. The ECG code involves review and interpretation of a medical test with physician work that is similar to imaging review. Both MPC codes have identical intra-service times and similar total times.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT
73660	**Radiologic examination; toe(s), minimum of 2 views**	**0.13**	**1**	**5**	**1**	**7**	**0.0170**
93010	Electrocardiogram, routine ECG with at least 12 leads	0.17		5	1	6	0.0295
70355	Orthopantogram (eg, panoramic x-ray)	0.20		5	1	6	0.0355

Summary of Recommendation

Our expert panel recommends 0.13 RVU for CPT code 73660, with service period times of 1, 5, and 1 minutes. This valuation maintains relativity in the X-ray foot and ankle families.

Code	Descriptor	RVU	Pre	Intra	Post	Total	IWPUT	RUC Mtg
73660	**Radiologic examination; toe(s), minimum of 2 views**	**0.13**	**1**	**5**	**1**	**7**	**0.0170**	**Jan 2019**
73600	Radiologic examination, ankle; 2 views	0.16	1	3	1	5	0.0384	Sept 2014
73620	Radiologic examination, foot; 2 views	0.16	1	3	1	5	0.0384	Apr 2011
73650	Radiologic examination; calcaneus, minimum of 2 views	0.16	1	5	1	7	0.0230	Jan 2019
73610	Radiologic examination, ankle; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009
73630	Radiologic examination, foot; complete, minimum of 3 views	0.17	1	3	1	5	0.0417	Oct 2009

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) CPT code 73660 is typically billed with an E/M code.

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 73660

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Orthopedic Surgery How often? Commonly

Specialty Podiatry How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 356358
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The overall number of services described by code 73660 provided nationally in a one-year period is estimated to be 356,358.

Specialty Diagnostic Radiology Frequency 231215 Percentage 64.88 %

Specialty Orthopedic Surgery Frequency 26070 Percentage 7.31 %

Specialty Podiatry Frequency 24155 Percentage 6.77 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 118,786 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2017 Medicare data estimates the CPT code 73660 is billed approximately 118,786 times in total for Medicare patients nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 77070 Percentage 64.88 %

Specialty Orthopedic Surgery Frequency 8690 Percentage 7.31 %

Specialty Podiatry Frequency 8050 Percentage 6.77 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Standard imaging

BETOS Sub-classification Level II:
Musculoskeletal

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 73660

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: X-Ray Toe

TAB: 32

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	73140	Radiologic examination, finger(s), minimum of 2 views	69	0.0213			0.13			6	1					4			1					
2nd REF	73620	Radiologic examination, foot; 2 views	31	0.0384			0.16			5	1					3			1					
3rd REF	73630	Radiologic examination, foot; complete, minimum of 3 views	30	0.0417			0.17			5	1					3			1					
CMS/Other	73660	Radiologic examination; toe(s), minimum of 2 views		#DIV/0!			0.13			5														
SVY	73660	Radiologic examination; toe(s), minimum of 2 views	138	0.0076	0.12	0.13	0.15	0.17	0.60	10	2			1	3	5	6	20	3	0	19	50	100	1000
SVY - ACR	73660	Radiologic examination; toe(s), minimum of 2 views	27	0.0426	0.12	0.13	0.13	0.16	0.25	4	1			1	2	2	3	10	1	5	40	50	100	1000
SVY - Subset	73660	Radiologic examination; toe(s), minimum of 2 views	14	0.0284	0.12	0.13	0.13	0.16	0.25	5	1			2	2	3	3	10	1	12	28	50	103	1000
SVY - Random	73660	Radiologic examination; toe(s), minimum of 2 views	13	0.0426	0.13	0.13	0.13	0.16	0.17	4	1			1	2	2	3	5	1	5	50	80	100	500
SVY - AAOS	73660	Radiologic examination; toe(s), minimum of 2 views	61	0.0076	0.12	0.13	0.15	0.17	0.60	10	2			1	3	5	6	20	3	0	20	50	100	600
SVY - APMA	73660	Radiologic examination; toe(s), minimum of 2 views	50	0.0051	0.12	0.15	0.16	0.17	0.22	11	2			2	4	5	8	17	4	0	6	20	100	1000
REC	73660	Radiologic examination; toe(s), minimum of 2 views		0.0170			0.13			7	1					5			1					

CPT Code: 73660
Specialty Society: ACR, AAOS, APMA, AOFAS

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SOR)
Non Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor:

73660	Radiologic examination; toe(s), minimum of 2 views

Global Period: XXX Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology (ACR), American Academy of Orthopaedic Surgeons (AAOS), American Podiatric Medical Association (APMA), and American Orthopaedic Foot and Ankle Society (AOFAS) convened a consensus panel to finalize the practice expense data for the x-ray toe(s) CPT code, 73660.

2. You must provide reference code(s) for comparison on your spreadsheet. **If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code.** You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here:

   The societies included the existing PE inputs for code 73660 on the spreadsheet to serve as a reference.

3. Is this code(s) typically billed with an E/M service?
   Is this code(s) typically billed with the E/M service in the nonfacility?
   (Please see provided data in PE Subcommittee folder)

   No, this code is not typically billed with an E/M service.
   Yes, this code is typically billed with an E/M service in the nonfacility.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different then for the global?
   (Please see provided data in PE Subcommittee folder)

	Nonfacility		Global	
73660	DIAGNOSTIC RADIOLOGY	20%	DIAGNOSTIC RADIOLOGY	65%

5. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time:
   N/A

6. If you are requesting an increase over the aggregate current cost for clinical staff time, equipment and supplies (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), you must provide compelling evidence. Please explain if the increase can be entirely accounted for because of an increase in physician time.

   The increase in aggregate cost is a result of the increase in physician time, per the multispecialty RUC survey. This correlates to the increase in professional PACS workstation time.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: N/A

8. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? (please use this time rather than 5 minutes in your reference code)
   The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here: We are not requesting time for obtaining vital signs.

9. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *Assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

   Bring patient into x-ray room and have patient sit/lie on x-ray table or stand on imaging stand as appropriate. Place first cassette under patient's toe. Position patient's toe for the first view (typically the dorsoplantar view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for first view. Step from behind shielding. Take first cassette out from under toe and place second cassette under patient's toe. Position patient's toe for second view (typically the oblique view). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for second view. Step from behind shielding. Take second cassette out from under toe and place third cassette under patient's toe. Position patient's toe for third view (typically the lateral view, which typically requires placing a positioning aid to eliminate overlap of toes). Step behind shielding to control panel. Set appropriate exposure parameters. Instruct patient to hold still. Take exposure for third view. Step from behind shielding. Take third cassette out from under toe. The above steps are repeated for any additional toes or views to be obtained. All cassettes are then taken to the image reader. Run all three cassettes through reader. Check all images for adequate exposure, positioning, coverage, etc. Repeat any views as needed.

10. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

11. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities:
    N/A

12. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

13. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here:
    N/A

14. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here:

N/A

15. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:
    - **Technologist PACS Workstation Proxy (ED050)** –PACS formula; Equals total service period time
    - **Professional PACS Workstation (ED053)** – Equals physician work intra time + 1/2 physician work pre-time
    - **Room, basic radiology (EL012)** – Highly technical formula

16. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here:
    N/A

17. If there is any other item on your spreadsheet that needs further explanation please include here:
    N/A

18. Please include an explanation of each line item:
    N/A

	A	B	D	E	F	I	K
1	**RUC Practice Expense Spreadsheet**					**CURRENT**	**RECOMMENDED**
2		***For more complete information about summaries and guidelines***				**73660**	**73660**
3		***RUC Collaboration Website***				**Radiologic examination; toe(s), minimum of 2 views (April 2017)**	**Radiologic examination; toe(s), minimum of 2 views (Jaunary 2019)**
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 32 - X-Ray Exam Toe Specialty: ACR, AAOS, APMA, AOFAS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**		
5		**LOCATION**				**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 8.45**	**$ 8.47**
8		**TOTAL CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist		**21.0**	**18.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**L041B**	Radiologic Technologist		**21.0**	**18.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**				**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**					
14		**Start: Following visit when decision for surgery or procedure made**					
29		**End: When patient enters office/facility for surgery/procedure**					
30		**SERVICE PERIOD**					
31		**Start: When patient enters office/facility for surgery/procedure:**					
32		**Pre-Service (of service period)**					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	**L041B**	Radiologic Technologist		**3**	
34	CA010	Obtain vital signs					
35	CA011	Provide education/obtain consent					
36	CA012	Review requisition, assess for special needs					
37	CA013	Prepare room, equipment and supplies	**L041B**	Radiologic Technologist		**2**	**2**
38	CA014	Confirm order, protocol exam					
39	CA015	Setup scope (nonfacility setting only)					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	**L041B**	Radiologic Technologist		**2**	**2**
41	CA017	Sedate/apply anesthesia					
48		**Intra-service (of service period)**					
52	CA021	Perform procedure/service---NOT directly related to physician work time	**L041B**	Radiologic Technologist		**6**	**6**
58		*Other activity: please include short clinical description here and type new in column A*					
59		**Post-Service (of service period)**					
60	CA022	Monitor patient following procedure/service, multitasking 1:4					
61	CA023	Monitor patient following procedure/service, no multitasking					
62	CA024	Clean room/equipment by clinical staff	**L041B**	Radiologic Technologist		**3**	**3**
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	**L041B**	Radiologic Technologist		**2**	**2**
69	CA031	Review examination with interpreting MD/DO	**L041B**	Radiologic Technologist		**2**	**2**
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	**L041B**	Radiologic Technologist		**1**	**1**
71	CA033	Perform regulatory mandated quality assurance activity (service period)					
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,					
73	CA035	Review home care instructions, coordinate visits/prescriptions					
74	CA036	Discharge day management				**n/a**	**n/a**
81		**End: Patient leaves office**					
82		**POST-SERVICE PERIOD**					
83		**Start: Patient leaves office/facility**					
99		**End: with last office visit before end of global period**					
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**			
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**
102							
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**		
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 8.45**	**$ 8.47**
112	ED050	Technologist PACS workstation	5557	PACS	0.022017924	**21**	**18**
113	ED053	Professional PACS Workstation	14829.6153	Other Formula	0.058757846	**4**	**6**
114	EL012	room, basic radiology	157366.593	Highly Technical	0.596265034	**13**	**13**

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

January 2019

Corneal Hysteresis Determination – Tab 33

In 2005, the AMA RUC began the process of flagging services that represent new technology or new services as they were presented to the Committee. This service was flagged for CPT 2015 and reviewed at the October 2018 Relativity Assessment Workgroup meeting. The Workgroup indicated that the utilization is continuing to increase for these services. The RUC recommended that these services be resurveyed for physician work and practice expense for January 2019.

92145 ***Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report***
The RUC reviewed the survey responses from 30 ophthalmologists and optometrists and determined that the survey 25th percentile work RVU of 0.10 appropriately accounts for the work required to perform this service. The RUC recommends 1 minute evaluation pre-service time, 5 minutes intra-service time and 1 minute post-service time, which accounts for a reduction in the pre- and post-service time as indicated by the survey respondents because this service is typically reported with an Evaluation and Management (E/M) service on the same day. CPT code 92145 measures corneal resiliency to absorb and dissipate energy in response to an externally applied force (air) and the information is used to predict risk of the progression of glaucoma. The physician reviews approximately 12 data elements on the intra-ocular pressure, what the change would be, quality and reliability of the test and compares this data to other data about glaucoma, such as optical coherence tomography results, the physical examination of the nerve, the visual fields and corneal thickness.

The RUC compared the surveyed code to the second key reference service 92285 *External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)* (work RVU = 0.05, 5 minutes intra-service/total time) and agreed that more cognitive work is required to perform the interpretation work involved in CPT code 92145, whereas CPT code 92285, ocular photography, is primarily for documentation purposes. The RUC compared the surveyed code to similar service, CPT code 76514 *Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)* (work RVU = 0.14 and 5 minutes total time) and determined that code 92145 is less intense and requires less physician work, thus valued appropriately at the survey 25th percentile. **The RUC recommends a work RVU of 0.10 for CPT code 92145.**

Practice Expense
The RUC recommends the direct practice expense inputs as submitted by the specialty society.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Work Neutrality
The RUC's recommendation for this code will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	XXX	0.10

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92145 Tracking Number Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.10**

CPT Descriptor: Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male with a family history of glaucoma, elevated intraocular pressure, central corneal thickness of 545 microns, and normal visual fields is being evaluated for glaucoma.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Explain the test to the patient. Enter an order into the medical record.

Description of Intra-Service Work: The physician reviews the readings collected by the technician, correlates the findings with other information, and generates an interpretation.

Description of Post-Service Work: Enter the findings into the medical record and discuss the implications with the patient.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2018				
Presenter(s):	David B. Glasser, MD AAO, John T. McAllister, MD AAO, Parag Parekh, MD ASCRS, Charlie Fitzpatrik, O.D AOA				
Specialty Society(ies):	Ophthalmology (AAO) and Optometry				
CPT Code:	92145				
Sample Size:	3719	**Resp N:**	30	**Response:** 0.8 %	
Description of Sample:	A random sample of members were pulled from the AAO, AGS, ASCRS and AOA databases.				

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	19.00	**75.00**	250.00	2500.00
Survey RVW:	0.01	0.10	**0.26**	0.39	1.50
Pre-Service Evaluation Time:			**3.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	2.25	**5.50**	9.50	20.00

Immediate Post Service-Time:	**3.50**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	92145	**Recommended Physician Work RVU: 0.10**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92132	XXX	0.30	**RUC Time**

CPT Descriptor Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92285	XXX	0.05	**RUC Time**

CPT Descriptor External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	19,163,816

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51741	XXX	0.17	**RUC Time**	472,555

CPT Descriptor 2 Complex uroflowmetry (eg, calibrated electronic equipment)

Other Reference CPT Code	Global	Work RVU	Time Source
77080	XXX	0.20	**RUC Time**

CPT Descriptor Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 **% of respondents:** 43.3 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 92145	**Top Key Reference CPT Code:** 92132	**2nd Key Reference CPT Code:** **92285**
Median Pre-Service Time	1.00	1.00	0.00
Median Intra-Service Time	5.00	8.00	5.00
Median Immediate Post-service Time	1.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**9.00**	**5.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	7%	31%	31%	31%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	38%	38%	23%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	54%	46%	0%

Physical effort required	46%	54%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	31%	54%	15%

2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	10%	10%	40%	40%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	50%	30%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	40%	40%	20%
Physical effort required	10%	70%	20%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	50%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

CPT 92145 *Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report* was introduced in 2015 and is being surveyed as new technology with an increase in

utilization. This is a technique that measures corneal hysteresis (resiliency) in response to an externally-applied force. The information obtained can be used to predict risk of progression of glaucoma.

A random survey of the American Academy of Ophthalmology (AAO), the American Glaucoma Society (AGS), and the American Optometric Association (AOA) had 30 responses; 93% percent felt that the vignette was typical. The median WRVU was 0.26 WRVU and the 25th percentile 0.10. The survey medians were 3 minutes for pre-service time, 5.5 minutes for intra-service time, and 3.5 minutes for post-service time. The top key reference service, CPT 92132 *Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or* bilateral was chosen by 43% of the respondents. It was RUC reviewed in October 2015. It has a WRVU of 0.30 with times of 1/8/0 for the pre-, intra- and post-service work. The second key reference, CPT 92285 *External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)* was chosen by 33%. It was last RUC reviewed in October 2009, has 0.05 WRVU, and inra-service time of 5 minutes with no pre- or post-service time. Intensity and complexity metrics were similar for the surveyed code and both reference services.

The joint expert panel of the AAO, AOA, and AGS, which were familiar with the test and the RUC methodology, reviewed the survey results. The median intra-service time, at 5.5 minutes, was a half-minute greater than the current value of the code. Since this test is typically done on the same day as an office visit, we reduced the pre-service time from the survey value of 3 minutes to 1 minute to explain the test to the patient and enter an order into the record, neither of which would be part of the office visit work. Similarly, we reduced the post-service time from the survey value of 3.5 minutes to 1 minute to enter the report into the medical record. The amount and intensity of the work associated with the test have not changed despite the increase in utilization since its introduction 3 years ago. **Therefore, the panel recommends that the work value be maintained at 0.17 WRVU, between the survey's 25th percentile and median values**. The panel recommends a pre-service time of 1 minute, an intra-service time of 5 minutes, and a post-service time of 1 minute.

The recommended value is supported by many RUC-reviewed XXX codes across different specialties with work values between 0.17-0.20 RVU, total times between 5-10 minutes, and intra-service times at or close to 5 minutes. These include MPC 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (October 2012, 0.17, 0/5/1), MPC 51741 *Complex uroflowmetry (eg, calibrated electronic equipment)* (April 2010, 0.17, 0/5/2), CPT 51736 *Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)* (April 2010, 0.17, 0/5/2), CPT 51736 *Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)* (April 2010, 0.17, 0/5/2), CPT 77080 *Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)* (October 2013, 0.20, 2/5/2), CPT 93000 *Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report* (October 2012, 0.17, 0/5/1), and CPT 99211 *Office or other outpatient visit…* (February 2006, 0.18, 0/5/2).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.

☐ Historical precedents.
☒ Other reason (please explain) Billed with an office visit

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. E/M or the ophthalmalogic exam codes

3.	CPT Code	Pre-	Intra-	Post-	Total Time	Work RVU	Global Period
4.	92002	5	15	5	25	.88	XXX
5.	92004	5	25	10	40	1.82	XXX
6.	92012	5	15	5	25	.92	XXX
7.	92014	5	24	8	37	1.42	XXX
8.	99212	2	10	4	16	.48	XXX
9.	99213	3	15	5	23	.97	XXX

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Ophthalmology How often? Sometimes

Specialty Optometry How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 67705
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimation only

Specialty Ophthalmology Frequency 42600 Percentage 62.92 %

Specialty Optometry Frequency 25092 Percentage 37.06 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 45,137 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty Ophthalmology Frequency 28401 Percentage 62.92 %

Specialty Optometry Frequency 16728 Percentage 37.06 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 92145

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: **Corneal Hysteresis Determination**

TAB: **33**

Source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	92132	Scanning computerized ophthalmic diagnostic imaging,		0.035			0.30			9	1					8																					
2nd REF	92285	External ocular photography with interpretation and report for		0.010			0.05			5						5																					
CURRENT	92145	Corneal hysteresis determination, by air impulse stimulation,		0.025			0.17			7	2					5																					
SVY	92145	Corneal hysteresis determination, by air impulse stimulation,	30	0.021	0.01	0.10	0.26	0.39	1.50	12	3			1	2.30	5.5	9.50	20	3.5																			
REC	**92145**	**Corneal hysteresis determination, by air impulse**		**0.011**			**0.10**			**7**	**1**					**5**			**1**																			

SS Rec Summary

ISSUE: Excision of bone

TAB: 84

source	CPT	DESC	Resp	IWPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	IMMD POST	FAC-inpt/same day 91	92	33	32	31	38	39	FAC-obs 26	25	24	17	Office 15	14	13	12	11	Prolonged 54	55	56	57
1st REF	11111	xyz	30	0.029			4.25			131	5	5	5			30			5					1	1.0							1							
2nd REF	22222	def	15	0.055			5.15			137	10	5	5			35			5						1.0							1	1					
CURRENT	55555	abc		0.053			5.00			133	17					27			8					1	1.0							1						
SVY	55555	abc	78	0.045	2.00	3.00	5.00	7.00	8.00	146	10	5	10	15	20	30	35	40	10					1	1.0							1						
REC	55555	abc		0.020			4.25			142	17	1	3			30			10									1	1.0			1						

CPT Code: 92145
Specialty Society: American Academy of Ophthalmology

AMA/Specialty Society Update Process
Practice Expense Summary of Recommendation (SoR)
Non-Facility Direct Practice Expense (PE) Inputs

CPT Long Descriptor: Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report

Global Period: 000 Meeting Date: January 2019

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally, we queried other physicians who have the appropriate expertise for this code. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The physicians on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. You must provide reference code(s) for comparison on your spreadsheet. If the code you are making recommendations on is not new, you must use the current direct PE inputs as your reference code. You can provide one additional reference code if you are required to use the current direct PE inputs. Provide an explanation for the selection of reference code(s) here: **Current code used as reference.**

3. Is this code(s) typically billed with an E/M service? **Yes.**

4. If you are recommending more minutes than the PE Subcommittee standards for clinical activities you must provide rationale to justify the time: **N/A**

5. If you are requesting an increase over the current total cost for clinical staff time (This does not include minutes to assist physician and the number of post-op visits, as they are directly related to physician work), total cost of supplies, and/or total cost of equipment you must provide compelling evidence: **N/A**

6. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and listed in tab 2, please explain the difference here: **N/A**

7. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities: **N/A**

8. If you wish to identify a new staff type, please include a very specific staff description, a salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov. **N/A**

9. If you wish to include a supply that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

10. If you wish to include an equipment item that is not on the list please provide a paid invoice. Identify and explain the invoice here: **N/A**

11. List all the equipment included in your recommendation and the equipment formula chosen (see document titled "Calculating equipment time"). If you have selected "other formula" for any of the equipment please explain here:

    Ocular Response Analyzer: Standard formula used.
    Chair with headrest, exam, reclining: Standard formula used.
    Light, exam: standard formula used

12. If there is any other item(s) on your spreadsheet not covered in the categories above that require greater detail please include here: **N/A**

13. If there is any other item on your spreadsheet that needs further explanation please include here: **The hysteresis machine is typically housed in an imaging room, and Dr. Manaker and the PE Subcommittee have designated an exam light and chair as the proxy expenses of the imaging room. Hence, EF008 and EQ168 replace EL005 on the spreadsheet.**

14. Please include an explanation of each line item:

    35 – Provide education/obtain consent. One minute is utilized to provide education regarding the process of the test and how to perform during the test. This test is done by a separate technician in a separate room from the exam.
    37 – Prepare room, equipment, and supplies. Standard non-facility time input for preparing the room, equipment, and supplies. This is in addition to the office visit, because the test is done in a separate room by a separate technician.
    40 – Prepare, set-up and start IV, initial positioning and monitoring of patient. Standard non-facility time input for positioning the patient. This input represents a different technician positioning the patient at a different machine in a different room than the office visit.
    52 – Perform procedure/service – NOT directly related to physician work time. The technician performs this test and acquires the hysteresis data from one eye, then from the second. This test has not changed in technology or substance in the few years since it was last reviewed. Now the technician typically performs the same testing alone.
    112 – Ocular Response Analyzer – Standard formula is used to calculate equipment cost. (Of note, a clerical omission error was made in the previous spreadsheet's equipment calculations, and this has been corrected in our presentation)
    114 – Chair with headrest, exam, reclining - Standard formula is used to calculate equipment cost. This and 115 are placeholders for the ophthalmology imaging lane, reflecting the inability to use the imaging lane for any other purpose during this procedure.
    115 – Light, exam - Standard formula is used to calculate equipment cost. This and 115 are placeholders for the ophthalmology imaging lane, reflecting the inability to use the imaging lane for any other purpose during this procedure.

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**92145**		**92145**	
3		***RUC Collaboration Website***				Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation		Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 33 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4.52**	**$ -**	**$ 4.34**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**10.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**10.0**	**0.0**	**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 3.80**	**$ -**	**$ 3.80**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery or procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L038A	COMT/COT/RN/CST	0.38				
16	CA002	Coordinate pre-surgery services (including test results)	L038A	COMT/COT/RN/CST	0.38				
17	CA003	Schedule space and equipment in facility	L038A	COMT/COT/RN/CST	0.38				
18	CA004	Provide pre-service education/obtain consent	L038A	COMT/COT/RN/CST	0.38				
19	CA005	Complete pre-procedure phone calls and prescription	L038A	COMT/COT/RN/CST	0.38				
20	CA006	Confirm availability of prior images/studies	L038A	COMT/COT/RN/CST	0.38				
21	CA007	Review patient clinical extant information and questionnaire	L038A	COMT/COT/RN/CST	0.38				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L038A	COMT/COT/RN/CST	0.38				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L038A	COMT/COT/RN/CST	0.38				
34	CA010	Obtain vital signs	L038A	COMT/COT/RN/CST	0.38				
35	CA011	Provide education/obtain consent	L038A	COMT/COT/RN/CST	0.38	1		1	
36	CA012	Review requisition, assess for special needs	L038A	COMT/COT/RN/CST	0.38				
37	CA013	Prepare room, equipment and supplies	L038A	COMT/COT/RN/CST	0.38	2		2	
38	CA014	Confirm order, protocol exam	L038A	COMT/COT/RN/CST	0.38				
39	CA015	Setup scope (nonfacility setting only)	L038A	COMT/COT/RN/CST	0.38				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L038A	COMT/COT/RN/CST	0.38	2		2	
41	CA017	Sedate/apply anesthesia	L038A	COMT/COT/RN/CST	0.38				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly related	L038A	COMT/COT/RN/CST	0.38	5			
50	CA019	Assist physician or other qualified healthcare professional---directly related	L038A	COMT/COT/RN/CST	0.38				
51	CA020	Assist physician or other qualified healthcare professional---directly related	L038A	COMT/COT/RN/CST	0.38				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L038A	COMT/COT/RN/CST	0.38			5	
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L038A	COMT/COT/RN/CST	0.38				
61	CA023	Monitor patient following procedure/service, no multitasking	L038A	COMT/COT/RN/CST	0.38				
62	CA024	Clean room/equipment by clinical staff	L038A	COMT/COT/RN/CST	0.38				
63	CA025	Clean scope	L038A	COMT/COT/RN/CST	0.38				
64	CA026	Clean surgical instrument package	L038A	COMT/COT/RN/CST	0.38				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L038A	COMT/COT/RN/CST	0.38				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L038A	COMT/COT/RN/CST	0.38				
67	CA029	Check dressings, catheters, wounds	L038A	COMT/COT/RN/CST	0.38				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L038A	COMT/COT/RN/CST	0.38				
69	CA031	Review examination with interpreting MD/DO	L038A	COMT/COT/RN/CST	0.38				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L038A	COMT/COT/RN/CST	0.38				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L038A	COMT/COT/RN/CST	0.38				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L038A	COMT/COT/RN/CST	0.38				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L038A	COMT/COT/RN/CST	0.38				
74	CA036	Discharge day management	L038A	COMT/COT/RN/CST	0.38	**n/a**		**n/a**	
81		**End: Patient leaves office**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L038A	COMT/COT/RN/CST	0.38				
85	CA038	Coordinate post-procedure services	L038A	COMT/COT/RN/CST	0.38				

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**92145**		**92145**	
3		***RUC Collaboration Website***				Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation		Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 33 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4.52**	**$ -**	**$ 4.34**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**10.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**10.0**	**0.0**	**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						
90		99214 53 minutes	53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2		***Please see brief summaries of the standards/guidelines in column C. For more complete information about summaries and guidelines please see the PE reference materials at the RUC Collaboration Website at the link in the cell below. *Please do not modify formulas in gray shaded cells *Total dollar amounts are included to indicate whether or not compelling evidence is needed and are not direct indicators of an increase or decrease in PE RVU or payment.***				**92145**		**92145**	
3		***RUC Collaboration Website***				Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation		Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation	
4	**Clinical Activity Code**	**Meeting Date: January 2019 Tab: 33 Specialty: AAO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 4.52**	**$ -**	**$ 4.34**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**10.0**	**0.0**	**10.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**10.0**	**0.0**	**10.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L038A	COMT/COT/RN/CST	0.38	**0.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.72**	**$ -**	**$ 0.54**	**$ -**
112	EQ360	Ocular Response Analyzer	12000		0.038731584	5		10	
113	EL005	lane, exam (oph)	33811.1675		0.106191058	5			
114	EF008	chair with headrest, exam, reclining	5079.4205		0.011298632			10	
115	EQ168	light, exam	1530.8117		0.004062356			10	
116									
117									
118		*Other equipment item: please include the name of the item consistent with the paid invoice here and type new in column A*							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
NPRM for 2019

January 2019

Septostomy – Tab 34

The Society for Cardiovascular Angiography and Interventions *(*SCAI) nominated two codes to CMS as potentially misvalued services. These services are typically performed on children, a non-Medicare population, and are currently contractor-priced. The RUC agreed with the specialty society and recommended to survey for January 2019.

92992 ***Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)***
The RUC determined that the survey 25th percentile work RVU of 10.00 was too low and the median work RVU of 16.00 was somewhat high for this high intensity service compared to the key reference services. The RUC noted there were not adequate crosswalks for this 000-day global within physician service times, physician work and high intensity level. The RUC identified the possibility that related imaging guidance may not be correctly bundled into the code. Therefore, the RUC recommends that CPT code 92992 be referred to CPT for revision to bundle in all forms of imaging guidance typically used during the procedure. **The RUC recommends that CPT code 92992 remain contractor priced for another cycle and will review the revised service for the 2021 Medicare Physician Payment Schedule.**

92993 ***Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)***
The specialty societies indicated that CPT code 92993, atrial septostomy using the blade method, is antiquated and rarely performed. The RUC recommends that CPT code 92993 be referred to the CPT Editorial Panel for revision. **The RUC recommends that CPT code 92993 remain contractor priced for another cycle and will review the revised service for the 2021 Medicare Physician Payment Schedule.**

Refer to CPT
The RUC identified the possibility that related imaging guidance may not be correctly bundled into CPT code 92992. Therefore, the RUC recommends that CPT code 92992 be referred to the CPT Editorial Panel for revision to bundle in all forms of imaging guidance typically used during the procedure. Additionally, the specialty societies indicated that CPT code 92993 is antiquated and rarely performed. The RUC recommends that CPT code 92993 be referred to the CPT Editorial Panel for revision or possible deletion. Once these services return to the RUC for survey they should survey as a 000-day global period because these procedures do not provide definitive therapy, the patients requiring these procedures often remain critically ill after the life-saving/temporizing procedures.

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	~~090~~ 000	Contractor Price Refer to CPT
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	~~090~~ 000	Contractor Price Refer to CPT

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AMA/Specialty Society RVS Update Committee Summary of Recommendations
Contactor Priced High Volume

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Heart Rate Test – Tab 35

In April 2018, the Relativity Assessment Workgroup identified contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The RUC determined that CPT code 95943 is performed by many specialties and the utilization is high enough to survey. The RUC recommended to survey this service for January 2019.

The RUC last considered this code in 2012. At that time, the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP) worked to obtain the equipment vendor's customer list to identify physicians who could accurately value this service. The ACP and AAFP also obtained random samples of physicians among their respective specialties. The specialties collected a total sample of 750 physicians and received approval from the Research Subcommittee to conduct a survey. At that time, only three partial responses were received, with no respondents indicating familiarity with the service. Given this lack of data, the RUC recommended carrier pricing for CPT code 95943.

As indicated in the RUC database, utilization for code 95943 was 31,418 in 2017 and information from the Medicare Physician and Other Supplier Public Use File identifies 100 internal medicine physicians and 98 family medicine physicians who are reporting the code to Medicare. For this utilization the RUC requires at least thirty completed surveys. ACP launched a survey of code 95493 on November 23, 2018 to 2000 ACP members. The ACP survey closed on December 17, 2018 with only 9 completed surveys 21 short of the required completed survey number. At the January 2019 RUC meeting ACP requested to re-survey with a targeted survey for presentation at the April 2019 RUC meeting.

The RUC discussed that according to the CPT Editorial Panel, a new or revised Category I code must satisfy all the following criteria:

- All devices and drugs necessary for performance of the procedure or service have received FDA clearance or approval when such is required for performance of the procedure or service;
- The procedure or service is performed by many physicians or other qualified health care professionals across the United States;
- The procedure or service is performed with frequency consistent with the intended clinical use (i.e., a service for a common condition should have high volume, whereas a service commonly performed for a rare condition may have low volume);
- The procedure or service is consistent with current medical practice;
- The clinical efficacy of the procedure or service is documented in literature that meets the requirements set forth in the CPT code change application.

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A RUC member provided background that when this Category I code was created at the CPT Editorial Panel it was created to differentiate the service from tilt table testing. The device manufacturer brought the code forward for a series of maneuvers that are different than those performed using a tilt table. The RUC member suggested that in the years since the code was created it has proven that it does not meet the criteria for a Category I code. The RUC member explained the service is not widely performed and that 100 internists performing the service is not "frequency consistent with the intended clinical use". The code describes common measures and if the service was consistent with current medical practice the volume would be much higher. **The RUC recommends CPT code 95943 be referred to the CPT Editorial Panel for deletion.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	XXX	Refer to CPT for Deletion

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